To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

0	ffice pursuant to Article XIII, Section 12 of t					1 S	
AT.	THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.	juga juga 🚉	
	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		
	1. Geraldine	Goralderie)	551 SHERMAN ST. APT	☐ Town ☐ Village	11/18/2011	Email	
	Hanson	Hanson	City: Wausau, W/ 13ps, 54401	Wausan	(Month) (Day) (Year)	Phone	
	2. RAYMOND	Raginopo	Street: 1816 7TH ST	☐ Town ☐ Village	11/18/2011	Email	
	HAGEN	Hagh	Civ: WAU SAV Zip: 54403	KCity WAUSAU	(Month) (Day) (Year)	Phone	
	3. Jegnette	Geanette	Street: 820 Kent St.	□ Town □□-Village	11 /18/2011	Email Phone	
	Syehring	Suchring	City: Waysay 21p: 54403	Maysall Waysall	(Month) (Day) (Year)	Email	
	4. Laura	Rama 1	Street: 1205 Pansy In	ATown W b	11/18/2011	Phone	
	HOOD	HOTOL	City: Wausau zip: 54401	- city Mountain	(Month) (Day) (Year)	Email	
	5. Bradford J.	Relibert	Street: 1701 Fern Lane	□ Village	11/18/2011	Phone	
	Ness	Dred MV VIn	City: Wausau zip: 64401	City Rib Mountain	(Month) (Day) (Year)	Email	
	JAMES P. SOMERS	James P-limes	Street: CG91 FIFTH LANK	UTown UVillage HAMBURG	11 /18/2011	Se Phone	
	7.	301100 1. 0111000	City: MARATHON, WI Zip: 54448		(Month) (Day) (Year)	Email,	
- }	Bradelo	Q 1001 th	Street: 2010 Hwy, 34	Stown Village City Knowlton	////8/20/// (Month) (Day) (Year)	Phone	
	Brenda L. Cartwright	Bronded. Cartweight	chy: Mosinee zip54455			Email	
	Richard K. Wick	Rechard Wiel	Street: 1906 Falcon Aue	Town Village Rib Mountain	(Month) (Day) (Year)	Phone	
	9.		City: Wanson WI Zip: 54401	≫ town		Email	
	Sharon R Wick	Sharon & wick	Street: 1906 Falcon Aue	Ocity Rib Mountain	11/18/2011 (Month) (Day) (Year)	Phone	
-	10.	o made	City: Wausau WI zip: 54401 Street: 911 N 9th AVE	Town	111111111111111111111111111111111111111	Email	
	Josh Dirks	() oh ()	Street: 911 N 912 AVE City: Waysay zip: 54401	Village Wavsav		Phone	
	11 11 11	Certification o			1		
·	William H. Johnson		fy): I reside at 15 W Honcook J+	City of Ma	Ison	Cir	
pe	(Name of Circulator) (Circulator's Residence – Street name and Number) (Circulator Municipality) personally circulated this recall petition and personally obtained each of the signatures on this baper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed						
ie į	paper with full knowledge of its content on the date indicated opposite his or her name 1 know their residences given 1 support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats. Page No. (official Use Only)						
_	$(Month) (Day) \frac{20}{(Year)}$		(Signature of Circulator)	#_\(\)	official Use Only)	(a)	

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

office pursuant to Article XIII, Section 12 of	. 	he Wisconsin Statutes. TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.		
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		
1.		Street: 1863 DEERWOOD TRAIL	☐ Town S-Village	11/18/20/1	Email	
ROBERT DICKERSON		City: MOYNEE Zip: 54455	City KRENENWETTER	(Month) (Day) (Year)	Phone	
Setu Adams	la al	Street: 1702 N. 300 54	☐ Town ☐ Village	11/18/2011	Email	
26147.000		City: Wausen zip: 54403	TX City Car Sour	(Month) (Day) (Year)	Phone	
3.		street: 1702 N. 3rd st	☐ Town	11/18/201	Email	
himbery Hams	Lovelly acrow	City: WOUSAU zip: 544193	X City Wausac	(Month) (Day) (Year)	Phone	
4.	000 1. 00	Street: 1531 N 1St Avenue	☐ Town ☐ Village	11/15/2011	Email	
EFFONG OLON	Cyping Leo Olan	City: W/auscu zip: S440/	City Walley	(Month) (Day) (Year)	Phone	
5.		Street: 506 Birch St	□ Town	11 /18/2011	Email	
VI-GOE mith	Textor Smith	City: MOSINEC WI Zip: 54455	Seity MOSINEC	(Month) (Day) (Year)	Phone	
6.	0 14 0 40	Street: 4008 Jessing St	☐ Town	11/18/201	Email	
JoEllen Immel-Davis	Lo Ellen Sminel Navis	city: Weston 2ip: 54476	Devillage Western	(Month) (Day) (Year)	Phone	
7.	9. 0.0	Street, GJ, PRIMEONE LA	□ Town □ Village	11/18/20//	Email Phone	
MARY HANREIN	Marylinn Rein	City: WOSI 5 R& W(zip: 54455	City Belsen	(Month) (Day) (Year)	Phone	
8. SUSANBREUTZM	W Susan Brentymann	Street: 100) Hoodward tu	□ Town □ Village	11/18/2011	Email	
Sylpon freetymon	1000 to Award AU	City: PothselilaW/ Zip: 54974	City Rothschell	(Month) (Day) (Year)	Phone	
9. HOWARD STRUTEMANN	Herod Butman	Street KoTheshald 54474	Town Rothschied	11/8/2011	Email	
1 June Dentaper	100-11-1	City: 1007 Stoodward 21,54474	☐ City	(Month) (Day) (Year)	Phone	
10.		Street:	☐ Town ☐ Village	/ /20	Email	
		City: Zip:	☐ City	(Month) (Day) (Year)	Phone	
1)	Certification (.1			
DOROTHY J MILLER ,(certify): I reside at 1800 COROKK TOWN MOSINEL (Circulator's Residence - Street name and Number) (Circulator Municipality)						
(Circulator's Residence - Street name and Number) (Circulator Municipality) (Circulator's Residence - Street name and Number) (Circulator Municipality) (Circulator Municipality)						

Page No. (Official Use Only)

(Signature of Circulator) (Month)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

	THE MUNICIPALITY USED FOR MAILING	GPURPOSES, WHEN DIFFERENT THAN MUNICIPALT	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.	andrianijā. I
	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
	1. Elizabeth Scally	Elydith Soully	Street: 2005 N Bunch Ave Apt 3	Town MCEINE	11 /18/20/1	Emai
			city: Warsan, W zip: 54401	☐ City	(Month) (Day) (Year)	Phon
	2. HENRY REIM	Henry Kein	Street: 651 PRIM ROSE LANÍ	De Town BERGEN	11 /18/20 11	Emai
			City: MOBINEE LUT Zip: 54455	☐ City City	(Month) (Day) (Year)	Phon
	3. Deborah Baumgurdt	Weborah Baumsprett	Street: 7737 W Cassidy Dr	Town Village	11 /18/2011	Emai
			City: Warrau zip: 54401	Ocity Stetlin	(Month) (Day) (Year)	Phone
	Trum = 1	Q 41	Street: 6365.6th. Ave	□ Town □ Village	11 /18/2011	Emai
	James Lehman	James dilemen	Giy: V/qu5qu zip:54401	*City Wausqu	(Month) (Day) (Year)	Phone
	5. D. L	$C_1 \cap X$	street: 1405 Lake Ofive	Frown Bevent	11 /18/2011	Email
	Sandra Kuston	sandra Kuslon	City: Rosholf W1 zip: 54473	1	(Month) (Day) (Year)	Phone
	DALE R RUSTON	A 22 #	Street: 1405 LAKE DR	Town Village	11 /18/2011	Email
	DALE K KUSTON	Dalu Kheston	City: ROSHOLT, WI Zip: 54473	City BEVENT	(Month) (Day) (Year)	Phone
		n. 1 91	Street: 2159 Bire Jorest In	Down Solitage KONENWETTER	11 /18/2011	Email
	DOROTHY S. LUXEM	Novery Duren	civ: Kronenevetter zip: 54455	acity NRONENWETTER	(Month) (Day) (Year)	Phone
	δ. 	00 11 1	Street:	□ Town □ Village	/ /20	Email
			City: Zip:	□ City	(Month) (Day) (Year)	Phone
	9.		Street:	□ Town	/ /20	Email
			City: Zip:	☐ City	(Month) (Day) (Year)	Phone
	10.		Street:	☐ Town ☐ Village	/ /20	Email
			City: Zip:	Day	(Month) (Day) (Year)	Phone
	DOROTHY J MIL	Certification o	of Circulator	4	1.0	
-	(Name of Circul	lator)	fy): I reside at <u>1800 Coll J.K.K.</u> (Circulator's Residence – Street name and	(Cinc.)	105/11 CR	C'n
pe ie j	sonally circulated this recall petition and personally obta paper with full knowledge of its content on the date indic	amed each of the signatures on this paper. I know that the cated opposite his of her name. I know their respective re-	the signers are electors of the jurisdiction or district represented by the esiglences given. I support this recall petition. I am aware that falsifying	00 1 11 11 11 11 11 11		

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes

	IG PURPOSES, WHEN DIFFERENT THAN MUNICIPALI		VOTING	i ·
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNIN
1Rebekah	Kebekak,	Street: 901 50 10 th St	□ Town □ Village	1[/18/20]
Mielke	Micke	city: Wallaw zin 5440)	Dans au	(Month) (Day) (Year)
2. NANCYA ZITE	An part of The	Street /305 Hay Lane	Town Village	11/18/201
/ / /	and the second	City: Malla all lett zip: 54401	City KIDMOUNG	(Month) (Day) (Year)
3. EILEEN FLYNN		Street: Frankout 19021:1/2 Lane	Botown Usullage A. L. Mountain	1(/18/20/
Giten Hynn	Cileen Flynn	city: Wausau zip: 54401	City A. 6 Mountain	(Month) (Day) (Year)
4. Karen, Ll	& DAA	Street: 8103 Azalea Rd	Town Village	1/ /18/20/
Lodhulz	Jaren odpor	CHY: Wausau Zip: WI	City Kib M+	(Month) (Day) (Year)
5		Street: 737 Imm	□ Town □ Village	11/18/261
grobin overg	Hooncon	city: Whisher WF zip5440	Teity Warrison	(Month) (Day) (Year)
6.	1 no	Street: 7802 Swan Ave	& Town ☐ Village	11/18/20
Jason Lang	Miles	City: Wasser WI zip: SYYO/	City Rb/1+	(Month) (Day) (Year
7.	12420	Street: 1527 BUREK AVE	□ Town □ Village	11/18/20
4-UKI MALIK	FULL VIOLES	City: WAUSAW WI Zip: 5401	XCity WAUSAU	(Month) (Day) (Year
8.		Street: 4/4 N. 8th AUE		1//18/201
KANDY LAYIOR	Spany July	City: WAUSAUWi. 21p. 54401	OCity WHUSAU	(Month) (Day) (Year)
9.	1 /h / M. +	Street: E1275 THORDAPPLE CREEK RD.	™ Town	11 /18/201
CHAD Marten	(Mul Jana)	cin: Ringle WI zip: 54471	City LasTon	(Month) (Day) (Year)
10.	1.0. 100	street: 636 S. 6th Ave	☐ Town	11/18/201
Linda Leh man	Twola Tehman	cin: Wausay WI zip: 5440	City Warsan	(Month) (Day) (Year)
1	Certification	^ /		
DOROTHY J MI	LLER ,(cert	ify): I reside at 1800 COLJ KK	Jown Mo	siall
(Name of Circ	ulator)	(Circulator's Residence - Street name and the signers are electors of the jurisdiction or district represented by the	d Number) (Circulator M	Municipality)
paper with full knowledge of its content on the date in	dicated opposite his or her name. I know their respective	residences given. I support this recall petition. I am aware that falsifyi	ng this certification is punishable under S.12.	13(3)(a), Wis. Stats.

(Signature of Circulator)

(Month)

(Day)

(Year)

Ret

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall

STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. 1315 W. Wausau Av. 1315 W. Wausau Av. Nausau Zip: 54401	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village) Town Village City Town (Municipality Name) Town (Municipality Name) Town (Municipality Name) Town Village City C	DATE OF SIGNING
Jausan, W zp. 54401 1315 W. Wausan Av Nansan zp. 544	Town Village City LAUSAU (Municipality Name) Town Village City LUAUSAU (Municipality Name) Town (Municipality Name)	(Month) (Day) (Year)
Jausan, W zp. 54401 1315 W. Wausan Av Nansan zp. 544	□ Village □ City □ HUSAU (Municipality Name) □ Town □ Village □ City □ LOUSAU (Municipality Name) □ Town □ Village □ City	(Month) (Day) (Year)
1315 W. Wausau Av Nansau zu: 544	(Municipality Name) ☐ Town ☐ Village ☐ City ☐ (Municipality Name) ☐ Town ☐ Village ☐ City	(Month) (Day) (Year)
1315 W. Wausau Av Nansau zu: 544	U Village City City (Municipality Name) □ Town □ Village □ City	(Month) (Day) (Year)
vansay zip: 544	U Village City City (Municipality Name) □ Town □ Village □ City	(Month) (Day) (Year)
vansay zip: 544	(Municipality Name)	(Month) (Day) (Year)
	□ Town □ Village □ City	/ /20
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	l 5.7	
	☐ Town ☐ Village ☐ City	/ /20
	(Municipality Name)	(Month) (Day) (Year)
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	□ Town □ Village □ City	/ /20
	(Municipality Name)	(Month) (Day) (Year)
	vlotov	
I reside at 1315 WWAUSA	MAUS WAUSAU	
(Circulator's Residence – Street Na	ume and Number) (Circulator Mu	unicipality)
full knowledge of its content on the date indicated op-	ers are electors of the jurisdiction or district represented by	y the officeholder given. I support this
	I reside at 1315 WWAUSA (Circulator's Residence – Street Nathof the signatures on this paper. I know that the signature full knowledge of its content on the date indicated on	(Municipality Name) Zip: Certification of Circulator

Page No. (Official Use Only)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes

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	1.		Street: 1143 Pinery Rd	Town □ Village	11/17/20/11	Email	
	Robert brown	Glicken	City: HAHEY Zip: 57/440	City BEVENT	(Month) (Day) (Year)	Phone (
	Lathleen Decker	La Mees Duker	Street: 1143 Pinery Rd	Drown Utillage City Reliant	1/1/1/20//	Email	
	3.	70077	city: HOTTEY zip: 34440	10000111	(Month) (Day) (Year)	Email (
	Carole Flerek	Paro 2 100 6	Street: E7494 Bunnise Rd City: WM Sau zip: 54463	Town Village Euston	// // 8 /20// (Month) (Day) (Year)	Phone	
	4.	1 11	Street: 270 2 201 (1111/1).	Town Rib M-f.	1/ /18/20/11	Email	
	Judishtoover	Judithorn	City: Waysan zip54401	☐ City	(Month) (Day) (Year)	Phone (
	5.		Street: 1010 Young St.	☐ Town	1/ /18/2011	Email	
	Joanna Ebben	Joanny Ellen	CHO: Wausau wit 210.54403	City Wan 5 an	(Month) (Day) (Year)	Phone (*	
	6. Mite	1 I A	Street: 115/2 Stevant Place	☐ Town ☐ Village	11/18/20/11	Email	
_	Agney	MM Th	City: Wassas 21p. 54401	Pa City Way Say	(Month) (Day) (Year)	Email	
	MURYTHIN	May any	Street: 1402 Cty, Rd. M	O Village	////8/20_[Phone	
	8. 6/201	Pullin	CHYMAROTHON ZIPS 44 4V	ocity Mauthen	(Month) (Day) (Year)	Email (
	DG YTER	Lioni Il Section	Street: 318 5/01 57	Town Village VCity UAUSHU	// / \$20// (Month) (Day) (Year)	Phone	
	9.		City: WAUSAU zip: 5403	Town	// /// //	Email (
	- latith Tritorleino	Mechan	Street: 10/19/15 City: 10/10/5/11 Zip: 54/6	Village City (Ulin) Car	(Month) (Day) (Year)	Phone	
	10.		sure 309 leffierson	Town 11/2	11/18/20/1	Email	
	Vick Jeis	1. New	City: Macis all zip: 544 Dis	Town Uvillage Wansaus	(Month) (Day) (Year)	Phone (
-		Certification	of Circulator 709	15ent St.	. (
, _	Shirley Sch		ify): I reside at	15 20 July	Sen -cit	1 Circu	
pe he :	(Name of Circulator) (Circulator's Refidence – Street name and Number) (Circulator Municipality) personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed apper with full knowledge of its content on the date indicated opposite his or ter name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.						
Ju	puper with run knowledge of its content on the date mate	area opposite ins orace name. I know their respective	paracined given, i support this recall petition, i ain aware that faishly	ing and continuation is pullishable under 5.12.	.12(2)(a), WIS. Stats.	T.	

Page No. (Official Use Only)
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

0	THE MUNICIPALITY USED FOR MAILING	the Wisconsin Constitution and S.9.10 of t	he Wisconsin Statutes.	TCIDAL-ITY OF DESIDENCE MUST A MAY A VO	DETICKED		
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	1.		Street: 5904 Normandy St	□Town	11/18/2011	Email	
	Jammy Neu	Janny Yen	City: Weston, W1 zip: 54476	City West-on	(Month) (Day) (Year)	Phone (
	2.	616	Street: 1792 Es/Kel RD	∏ Town	11/18/20/1	Email	
	Dale Much	- Puble	City: Hct) - Zip: S4440	UVillage Reid	(Month) (Day) (Year)	Phone (
	3.	//	Street: 429 FOUR MILE CREEKRA	Town Uillage	1/ /8/20//	Email	
	VERONICA HOPE	Veromety	City: 1105/NEE Zip: 3459	City MOSINEE	(Month) (Day) (Year)	Phone (
	4.		Street: 427 Face M. le (vech Ru	7 Town U Village	((/(1/2011	Email	
	(Vau Cana	Gotton	City: Mes nee CT zip: 54455	City Mostree	(Month) (Day) (Year)	Phone (
	5.	/		□ Town □ Village	11/18/2011	Email	
	BALB ECKES	Bartecker	City: Kronen Water zip: 5-4456	Town Village Bronowotter	(Month) (Day) (Year)	Phone (
	6.		Street: 904 Washington	☐ Town ☐ Village	11 /18/2011	Email	
	Marlene Myer	Marline Myer	chy Wansan W 54403	Scity Warsqu	(Month) (Day) (Year)	Phone (
			Street: 2012 E. HAMILTON ST	Town Village	11/18/2011	Email	
	KAREN KURTH	KAREN KURTH	City: WAUSAU Zip: 54403	City WAUSAU	(Month) (Day) (Year)	Phone (
		AND HARAII	sureet: 3405 Richards Rd.	□ Town	11 /15/2011	Email	
_	Stephen A. H. Wright	Man C. Or Man M	City: Wansan WI zip: 54401	Scity Wausan	(Month) (Day) (Year)	Phone (
		$ \dot{\alpha} \rangle$	Street 5/03 BIAUKBOING DIP	town RIB MT	11 /18/20/1	Email	
	THOMAS RPETENSON	Thomas Rtelens	City: WAUSAUL WI Zip: 54401	☐ City	(Month) (Day) (Year)	Phone (
		4446	Street: 531 1/2 McIndoe St.	□ Town □ Village WauSau **City**	11/18/20_11	Email	
	Frank R. Schoenfuss, Jr.		City: Waysay, WI zip: 54403	S City Wawan	(Month) (Day) (Year)	Phone (
	Certification of Circulator						
_	(Name of Circul	lator)	ify): I reside at 109 Kont St. (Circulator's Residence – Street name and		JWJ 3aV Iunicipality)	Circu	
pe: Ie j	paper with full knowledge of its content on the date indic	aneu each of the signatures on this paper. I know that the attention of the signatures of the paper is a the signature of the	the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsifyi	officeholder named in this petition. I know the ng this certification is punishable under S.12.	at each person signed 13(3)(a), Wis. Stats.		

(Month)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

(office p	pursuant to Article XIII, Section 12 of t	he Wisconsin Constitution and S.9.10 of the	he Wisconsin Statutes.		·	
Mi	د در	THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	IICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.	£ 1. 4 /4
W		PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
	1.	KERRY	Tong World	Street: 10205 PHSASANT RUI	Town WESTON	11/16/20 11	mail
		Woodhuff		City: WESTON W 5 Zip: 54476	City	(Month) (Day) (Year)	hone mail
	2.	Debolah	Λ	Street: (300 Brech	Down Wester	11 /16/20 <u>(1)</u>	hone
ran a series de resta a se	3.	23495519	Whenh Jage (1994)	city: Western zips 7476		(Month) (Day) (Year)	mail
		Jane We Har	Dane K. Weller	Street: 521 Grant ST	Town Village Wallsall	// //6/20_// Pho (Month) (Day) (Year)	hone
	4.	Som Kind		Street: 6021 2 S. 4463	□ Town /	En En	mail
		3011) KIND	Sankin	City: WWSW zip: 5440]	Village Wasa	(Month) (Day) (Year)	hone
	5.	1	0	Street: 725 1/2 werk Ave	☐ Town	11 / (6/20// En	mail
		Jason Clevelad		City: Waysur zip: Sulfice)	City WAG Sac	(Month) (Day) (Year)	hone
	6.	Dihorahli inte	Deland Later	Street: 1504N 3 14 AR	□ Town □ Village	11/1/20//	mail hone
	7		these ice of the	Chy: Wansan 25,34401	Ecity Wausar	(Month) (Day) (Year)	
	/•	Levin Gleen	Kana	Street: 1 X hm Ct All	Town Roths Chy	16/2011 A	mail hone
	8.			City: ROTH SCHILD, WI Zip: 57914			mail
	-	Mike Vincelli	Illane Vinsta	Street: 515 No 300. A.C. City: Walsau zip: 5440	Town Village Vausan	/// /6/20_// Ph	hone
	9.			Street: 709 N 4th Ave	□ Town		mail
		Jines Lewy	ames leus	city: Wangan zip: (44)	Village Vall Sam	(Month) (Day) (Year)	hone
	10.	Ba Vla	A 10	Street: 1226 Semner	□ Town □ Village	1/ /6/2011	mail
		Belo Vans	VEDAUS.	civ: Wausau zi:54403	Acity Waysay	(Month) (Day) (Year)	hone
		1 1	Certification (of Circulator			
I,		Daniel Hazant		ify): I reside at 7402 Wall	St Rother		Circ
_		(Name of Circul	ator)	(Circulator's Residence - Street name an	d Number) (Circulator M		CII L

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

120 4 (Signature of Circulator) (Month) (Day) (Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.					
THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN		S BE LISTED.	n a sainte en
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1.		Street: 6040 Kyrstof Rd	☐ Town Village	11/16/204	Email
Kurt Gressor	Kurt Horesses	city: Halley WI zip: 54440	City Sevent	(Month) (Day) (Year)	Phone (
2.		Street: 51/1 3. Timber St.	☐ Town [Village	11/16/2011	Email
Marl Bredfish	Mar Breit	city: Weston W, zip: 544/76	City Wester	(Month) (Day) (Year)	Phone
3.	1 1 1 1 1	Street: 3918 KNZOCK Are	☐ Town — Willage	11/16/2011	Email (2)
Lerry Marshall	Ly Masky	city: We Sten M zip: SULI76	Acity Wester	(Month) (Day) (Year)	Email (
I Discussion		street:/6/6 Masten St	☐ Town ☐ Village	11 /16/20//	Phone
DIANNE AME	Alanne (mes	cis. Was car us sign 54401	City Wansan	(Month) (Day) (Year)	Email
B:11 Nevens	M.M. 11.	Street: 1713 Crestview DM	□ Town □ Village □ City \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \) (//b/20// (Month) (Day) (Year)	Phone
Neyers	fellen flegen	cir: Waveau zip. 54403	Wausau	(Month) (Day) (Year)	Email (
		street 5711 Ferge Street	Town Willage Weston	11/14/20/1/	Phone
Larlene Kaczmark	Dalen Kaymar	civ. Schotield zip. 54476	Lifety (W-210)	(Month) (Day) (Year)	Email
		Street: 1320 M Andre ST	☐ Town ☐ Village	11/16/20/	Phone
Barb Lonsdort	Day Smooth	City: Walvalu Zip: D4403	Jen Walledy	(Month) (Day) (Year)	Email
	1. O	Street: 1320 MCINDOR ST	☐ Town ☐ Village	11 /16 /2011 (Month) (Day) (Year)	Phone
HARAN PLANSS	Ham Ce Plass V	city: Wans du zip: 5448	Decity WARSAN	(Email (
		Street: SU KO	Town Village City UMAN	1 /16/20/1	Phone
JULIE Ummins	July Junna	CHY: Waysac zip: 54703		(Month) (Day) (Year)	(
10.	C Up	Street: WWSaw 776 Frankling	☐ Town ☐ Village	11 /16/2011	Email
- Journan 1300kg	3 200 May feet stool	1914 wassay 210:54463	ecity WWSaU	(Month) (Day) (Year)	Phone
1 1 1	Certification	of Circulator	0) 0 41	· ,	
(Name of Circu		ify): I reside at 7402 wall			Circu
` ,	,	(Circulator's Residence - Street name and		Municipality)	Γ

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

office pursuant to Article XIII, Section 12 of	the Wisconsin Constitution and S.9.10 of t	he Wisconsin Statutes.		
THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
July Bridjesk	July Broyak	Street: 719 N & H acce	Town Village Woensen	(Month) (Day) (Year) Er
Bruce hurs	Bruce Thung	Street: 1201 M- 28th Ave City: Wansan zip: 54601	Note Maine	11/16/2011 Er (Month) (Day) (Year) Ph
Jay Carlson	Ja Co	Street: 301 5. 10th S7 City: W2US24 Zip: 54403	Town Village RCity Ways 24	(Month) (Day) (Year) Er
Aicci Horlandil	nice dues	Street: TILIYA Brooksia Lyn City: MUJUIII zip: 5445	Nown Uillage Scity UCUSCUL	$\frac{11 / 16 / 20 il}{\text{(Month) (Day)} \text{ (Year)}} = \frac{\text{Er}}{\text{Ph}}$
5. willem Trottschel	when Juttelle	Street: 940 Jack Hoom St. City: Waw Said zip: 54403	Town Village WOWSOL	(Month) (Day) (Year) En
Karen Lach	Laren Lack	stret: 331 S 4TH ST City: Med Ford Zip: 54451	Town Village City Mederal	
7. Decenne Hayes	Decre Hay	Street: 12165. 8th Ave City: Wassau wa zip: 54401	□ Town □ Village Wasau SCity	11 /6/2011 Er
8. Elizabeth Bxe	Elyabeth Bye	Street: 1507 Glenwrood NA City: Wausau zip: 54403	D'illage Weston	11 /16/2011 Er (Month) (Day) (Year) Ph
9. Carla Murdoff	Cala Mush	Street: 305 E. Conty Rd A City: Athens WI zip: 5-4411	□ Town Devillage Halseu □ City	////6/20_// (Month) (Day) (Year) Er
10. Megan Kruger	Megan Kwazen Certification	Street: La Ethel Street City: Utausau, UI zip: 54403	Town Utillage Wanau Strity	// //6/20_// Pt. (Month) (Day) (Year)
. Dansel Hazaer (Name of Circui	, (cert	of Circulator		Municipality)

the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. Page No. (Official Use Only) (Year) (Month) (Day)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Andrew Kreening	Muchan Molas	Speci: 1709 Chlory St City: 416.0500 2ip: 5 4461	Town Village City WAVSa	(Month) (Day) (Year)
Dianna Walle	Siana	Street: 807 Grand AV City: Walland Zip: 54483	Town Village City Waysou	11 /14/2011 (Month) (Day) (Year)
3.	Saw was	Street: 1207-312382 City: Waysau Zip: 54407	Town Usillage	(Month) (Day) (Year)
1. Daniel Huzaent	Danil Hagues	Street: 7402 wall St City: Schetteld Zip: 54476	Town Devillage Rothschild	////420/ (Month) (Day) (Year)
5. Jennifer Hazaert	Jennifer Laguert	Street: 7402 Wall St. City: Schofield, 210:54476	Town Rothschild	11/16/201 (Month) (Day) (Year)
Katie Carrow	Kati Causer	Street: 925 Washington City: Valley zip:5403	Town Vausau	// // 7/20// (Month) (Day) (Year)
7. ELIZABETH SCHLICK	Elizabeth	Street: 2 427 RIVER ST. City: SCHOFIELD WI ZIPS 4476	Town O'Syllage O'City HOREUD	11 /17/20// (Month) (Day) (Year)
8. GERRI ZUBER	Gerri	Street: 5405 CAMP PHILLIPS City: W2510N W: 210: 54476	Town Willage City W 2570:N	// /17/20_// (Month) (Day) (Year)
MENNETH ZUBER	Kennela 3 iler	Street: SYUS GAMP Phillips	□ Town Stillage □ City W55109	(Month) (Day) (Year)
10. LISA	Jack Wine	Street: 805 Flieth STAPT4	Town Utillage City City Can	/1 //7/20_i (Month) (Day) (Year)
	Certification	of Circulator	VVVVV VVV	

	\	(Circulator municipality)
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I k	know that the signers are electors of the jurisdiction or district re	presented by the officeholder named in this netition. I know that each person signe
the paper with full knowledge of its content on the date indicated opposite his or her name. I know their re-	respective residences given. I support this recall petition. I am as	ware that falsifying this certification is punishable under \$ 12.13(3)(a). Wis State
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- 1 0 /20 er = 200 F	/ Para	Page No. (Official Use Only)
	(Signature of Circulator)	1 1 3 2 1 1 3 1 () 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes

7-51	THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.							
	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING			
	1. Timothy		Street: 1026 5. 3rd. Ave	☐ Town ☐ Village	11/17/20_1	Email		
	Talkington		City: Wausau, W1 zip: 54401	Prity Wausau	(Month) (Day) (Year)	Phone (
	2. Patti Everson	$\bigcap_{i \in \mathcal{S}} \mathcal{S}_{i}$	Street: 2172 Hickon Cove Lang	☐ Town .	(Mobth) (Day) (Year)	Email		
	ENG/2011	tall allers	City: Mrsines W1 zip: 54455	City Mesince	(Month) (Day) (Year)	Phone (
	3. 1000	Time	Street: 8902 JUICS 547	Ocity Control City	11/17/2011	Email		
		J. Barben	City: W75ton, WI Zip: 54474	-city VUC) 16-7	(Month) (Day) (Year)	Phone (
	4. Philip Benzinger	This Bowers	Street: 5901 Shannon APX314	□ Town □ Village / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N /7/2011	Email		
	<u> </u>		City: WOUSAC WT Zip: 54401	Bany WAUSSU	(Month) (Day) (Year)	Phone (
	Tony Nichols	1000	Street: 2435 Grand Auc HI	□ Town □ Village	11/17/2011	Phone		
	6.	710mg (044	City: WANSIAN Zip: 54463	Scity WAUSAY	(Month) (Day) (Year)	Email		
	MAJEK	mole feeming	Street: 1'UCU ZEFA SHAPAZY	Town MUS, ~ 30	11/1/2011			
	LEGUIR	- 10 Comm	City: MESINE when	紀 City	(Month) (Day) (Year)	Phone (
	"Stacy		Street, 2115 Wixe Red	☐ Town ☐ Village	11/17/20/1	Email		
	Elson	Stacy Elson	city. Kn me nucter zip: 4KGJ	City Klune nivoke-	(Month) (Day) (Year)	Phone (
	Lori Brown	Son Brown	Street: 1210 SO 1172 - 102	□Town □Village ☑City WauSh	11/11/2011	Email		
_		201,010	city: Wausaus zip: 34403	City Wansh	(Month) (Day) (Year)	Phone (
-		1/1/2/2	Street: 725 F4/4024	☐ Town ☐ Village → →	11 /12/2011	Email		
	10. TOPKINS	in the James	cio: Wausan zip: 54703	Dity Wallsay	(Month) (Day) (Year)	Phone (
	10 D- S-11 12	1	Street: T8721 Corety Rd	Town Uillage	11 //7/2011	Email		
	Tal ochull	- CITARIMAL 2	City: 00 USAN VII 22p. 54463	City ALCS	(Month) (Day) (Year)	Phone (
	Dankel Hazarer	Certification of	of Circulator (y): I reside at 7 402 Wall ST	- R.T.	15/1			
, —	Dansel Hazaret , (certify): I reside at 7 402 Wall St Rothschild							

(Circulator's Residence - Street name and Number) (Circulator Municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and \$9.10 of the Wisconsin Statutes

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	1.	·	Street 2808 Lynx Rel	LTown Mossier	11 /17/2011	Email		
	Patricia Ouberstei	o Pathering Superst.	City: Warran WI zip:54401	☐ City	(Month) (Day) (Year)	Phone (
	2.	1110	Streets 2505 Lynn Rd	Town Village 12051)	11/17/2011	Email		
	Kinberly Liberstein	Kimbury Dal-	City: Nausan WF zip: SYYOI	□ City	(Month) (Day) (Year)	Phone (
	3.		Sirce: 30 Brown AVN#I	Down Sollischild	1//7/201/	Email		
	Por C Staten	Mary L. Stepen	City: ROHASCHILD Zip: 54179	City MOTHER UNCL	(Month) (Day) (Year)	Phone (
	4.	7,	Street: 840,5840,5 Cartle birn	□ Town	11 /17/2011	Email		
	Londa Wender	Kind Wenders	City: School 21 21p: 54476	Micity Weston	(Month) (Day) (Year)	Phone (
	5. 7		simily 46 K Red Oak Cd.	□ Town □ Village	11/17/2044 (Month) (Day) (Year)	Email		
	Jane Wogman	ane Waynes	City: Achield 219:54476	Deston	(Month) (Day) (Year)	Phone (
		12 /	street/850 Kimberly Rd	□ Town Village	1/17/20//	Email		
	Kita Wonosla	Tito Ubnost	cillronenwetter 21,54455	Kronen wetter	(Month) (Day) (Year)	Phone (
	7.		streel 872 Jackie Rel	□ Town Village	11 /17/2011	Email		
	Jenny Sandoval	Jenn)	cis. Kronenwetter zip. 57455	Dillage Komenwetter	(Month) (Day) (Year)	Phone (
	8. 9		Street: 1761 Jackie Ro	□ Town ☑ Village	11 /17/2011	Email		
	Mary Osswald	Mary Osswald	city: Kronenwetter zip: 54455	City Kronenweffer	(Month) (Day) (Year)	Phone (
	"Lotti Drake	Late M Week	Street: N2342 CT Rd E	Town .	4 /17/20/	Email		
		Coll M Clean	City: Me/111 zip: 54 45)	City Scott	(Month) (Day) (Year)	Phone (
	10.		Street: 150 Myndille Com	☐ Town ☐ Village	11 /17/20/11	Email		
	MaryEllonte	May E. White	Chy: W wares Zip 2.15	City Waynerson	(Month) (Day) (Year)	Phone (
	D. 1. 1. 1. 1	Certification o			./.1			
I,	Name of Cinal	, (certif	fy): I reside at 7402 wall	St Rose Li	10	Circul		

(Circulator's Residence – Street name and Number) (Circulator Municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Month) (Day) (Year)

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

office pursuant to Article XIII, Section 12 of	the Wisconsin Constitution and S.9.10 of the	he Wisconsin Statutes.					
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1. Donate July 12	Donall violette	Street: MOR MENVILLA E JULI	☐ Town Village	11/11/2011	Email Phone		
Other - Which	500000000000000000000000000000000000000	City: Wearn Zip: 34401	City Wellsan	(Month) (Day) (Year)	(
Darin Zunker	12000	Street: 1208 5.67h Ave	Town Utilage Scity UU40	(1/17/20/1	Email Phone		
	000	ciy: Wasau, WI zip: 4440(A City	(Month) (Day) (Year)	l l'hone		
3. Heather How	m Throllett	Street: 1717 POVIEV ST	Town Uvillage Decity UCU(SG1)	11/1/20/1	Email		
1/10/11/41	July ny	City: WCU(SUM 21p. 54410)	Acity Locology	(Month) (Day) (Year)	Phone (
Clare Ostwale	I mayor At to do	Street: 931 Kenf st	□ Town □ Village	11/17/2011	Email		
Clave Colwar	I clare destinate	City: Waysby Zip: WI	Village Way USA U	(Month) (Day) (Year)	Phone		
5.	Λ.,,	Street: 1166900 Hery B	Town Mashurls	11/17/20/1	Email		
Kachel A Allawy	Racial A Allaway	City: (Tanden zip: U)	□ City	(Month) (Day) (Year)	Phone		
6. Richard	CA PATA	Street: 93/-Ken/5/	□ Town □ Village	1/ /17/20//	Email		
Ostwalk	renne vany	City Uau Say zip: 5440	City Wanshy	(Month) (Day) (Year)	Phone (
7. Bay Bull	Bun Caulo	street: GID Callon	Town Wasa	11/17/201	Email		
(9 000	13 00 11 8 00 00	City: WaySay zip:	City	(Month) (Day) (Year)	Phone (
8.	Δ	street: 734 Jeffersonsit	☐ Town Uvillage Lu ~ S 4 9	11/7/2011	Email		
Hlicia Chila	Herenteta	Cay: Wayse in WT 21pt S4408	City	(Month) (Day) (Year)	Phone (
9.		Street: 911 LILLIE ST	☐ Town —☐ Village	11/11/2011	Email		
DONGLAS TODA	Don't H Toda	City: WAUSAU Zip: 54407	Bicity WALSAL	(Month) (Day) (Year)	Phone (
10.	7)	Street: 1406 Flax La	Town P. h M.T	1/15/2011	Email		
Alice 3 Rusenan	Ali & Ruserin	City: Wansan Zip: 5'41401	☐ City	(Month) (Day) (Year)	Phone (
0 1 1	Certification	·		. / 1			
, Daniel Haz		ity). Treside at	1/St RoTh	5child	Circu		
(Name of Circu personally circulated this recall petition and personally obt		(Circulator's Residence – Street name an the signers are electors of the jurisdiction or district represented by the	d Number) (Circulator I	Municipality) that each person signed			
he paper with full knowledge of its content on the date indi-	cated opposite his ordername. Lknow their respective	residences given I support this recall petition I am aware that falsify	ing this certification is nunishable under \$ 12	13(3)(a) Wis State	I		

/ 20 (Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

THE SALICIPACITY USED FOR MAIL INFORMATION AND METERAL THAN MINICIPACITY OF RESIDENCE MAIL NOTHER THAN INCIDENT OF RESIDENCE MAIL NOTHER STREET IN NUMBER OF RELECTORS SIGNATURES OF ELECTORS STREET IN NUMBER OR RUBAL ROUTE THE APPLY OF PLAN AND THE AND PLAN AND	office pursuant to Article XIII, Section 12 of	the Wisconsin Constitution and S.9.10 of t	he Wisconsin Statutes.			.)		
FRONTED NAMES OF FLECTORS STREET & NUMBER OF FLECTORS STREET & NUMBER OF FLECTORS Real states with a local brilled from or fire to. A TOTAL MARCHARTTY OF RESIDENCE. A TOTAL MARCHART OF RESIDENCE. A TOTAL MARCHART OF RESIDENCE. A MANY A RESERVANT PROCEDURE. A TOTAL MARCHART PROCEDURE. A MARCHART OF RESIDENCE. A TOTAL MARCHART PROCEDURE. A TOTAL MARCHART PROCEDURE. A TOTAL MARCHART PROCEDURE. A MARCHART OF RESIDENCE. A TOTAL MARCHART PROCEDURE. A MARCHART OF RESIDENCE. A MARCHART	THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.							
From Party Brosenau farry from the property from	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS		MUNICIPALITY OF RESIDENCE	DATE OF SIGNING			
2 Cynthis Agnored Circulator Control of Plant Control of	Larry L Rosenau	Larry J Barona	Street: 1406 Flan Lanegul	Village 11 20	1/1/20/1			
Cyntha handigen Gullernan	, , , , , , , , , , , , , , , , , , , ,	o recogs to coman	City: Waysay zip: Wuse	□ City	(Month) (Day) (Year)	I none		
CANOLINE ALLEY CONTROL OF CANAGE WILLIAM STATE WAS A CONTROL OF CONTROL OF CANAGE WILLIAM STATE WAS A CONTROL OF CONTROL OF CANAGE WILLIAM STATE WAS A CONTROL OF CONTROL OF CANAGE WILLIAM STATE WAS A CONTROL OF CANAGE WAS A CONTROL OF	$\frac{1}{2}$	NID	Street: 7010 Woodsmake Rd	Town Village	11 /17/2011	lone.		
Cynthis handisen Cynthema Cynthema Cynthad Con Etand 205447 Cry William Handistry now Con Etand 205447 Cry William Handistry now Cynthis Anni Terner 1921 Second late Oriv. Strom Village Christian Christian Con John Handistry now Deliber Now Con Tiz 4th St Cry William Now Con Hatley alia - 2054440 Cry Hatley Con Handistry now Con Tax Apple An Cry Hatley Con Hatley alia - 2054440 Cry Hatley Con Hatley alia - 2054440 Cry Hatley Con Hatley Con Hatley alia - 2054440 Cry Hatley Con Hatley Con Hatley Con Hatley alia - 2054440 Cry Hatley Con Cry Hatley Con Cry William Con	Larolyn Eguer	lardyn Dauer	City: Waysau zip: 54401	City Kib/1+	(Month) (Day) (Year)			
4. Sent 1921 Second lake Dividence 11/7/2011 Sent 1921 Second lake Dividence 11/7/2011 Sent 1921 Second lake Dividence 11/7/2011 Sent 122 4th St Lisa M. Akey School Ober Over Over Over Ober Over Over Over Over Over Over Over Ov	3.			Village / / ſ				
South 1921 Second lake Civy Phone (Mead) (Day) (Near) Phone (Stard) (Tay) (Near) (Day) (Near) (Near) (Day) (Near) (Near) (Day) (Near) (Near) (Day) (Day) (Near) (Day) (D	Cyntha Manousen	Carthetonou	City: Cland Zips 4427	- Cldenn	(Month) (Day) (Year)			
5. Lisa M. Akey Rever The Committee Committe	4.		Street: 1921 Second Lake Drive	Town Village				
LIGA M. Akey MERKE (JRU Copy Mosive 200 Selection of Card Copy Mosive 200 Selection of Card Copy Mosive 200 Selection of Card Copy Mosive 200 M	LANI HERNEY	Lane ling	City: Junetica City zip: 59493	CARSON .	(Month) (Day) (Year)			
Elsa M. Hely (Stlly Cay) Mosive 2005 Styles (Circulator) Mosive (Circulator) Mosive (Circulator) Residence - Street name and Number) 11 1/1/20/1 (Phone Municipality) 12 1/1/20/1 (Phone Municipality) 13 1/1/20/1 (Phone Municipality) 14 1/1/20/1 (Phone Circulator) 15 1/1/20/1 (Phone Circulator) (Circulator Residence - Street name and Number) 16 1/1/20/1 (Phone Circulator) 17 1/1/20/1 (Phone Circulator) (Circulator Residence - Street name and Number) 18 1/1/20/1 (Circulator Municipality) 19 1/1/20/1 (Phone Circulator) 10 1/1/20/1 (Circulator Municipality) 11 1/1/20/1 (Circulator Municipality) 11 1/1/20/1 (Circulator Municipality) 12 1/1/20/1 (Circulator Municipality) 13 1/1/20/1 (Circulator Municipality) 14 22 22 - 1 (Circulator Municipality) 15 1/1/20/1 (Circulator Municipality) 16 1/1/20/1 (Circulator Municipality) 17 1/1/20/1 (Circulator Municipality) 18 1/1/20/1 (Circulator Municipality) 18 1/1/20/1 (Circulator Municipality) 18 1/1/20/1 (Circulator Municipality) 19 1/1/20/1 (Circulator Municipality) 10 1/1/20/1 (Circulator Municipality) 10 1/1/20/1 (Circulator Municipality) 11 1/1/20/1 (Circulator Municipality)	5.		Street: 712 4th St	- □ Village A	11 /17/2011			
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8. HAURETTA Surgettle street: 1508 MERRILLAUE 1403 Town Village City WAUSA (a - (Month) (Day) (Near) Phone City WOLDSAU Super Street: 4703 Mesker Town City WAUSA (a - (Month) (Day) (Near) Phone City wold Phone City westen Surget 4703 Mesker City WAUSA (a - (Month) (Day) (Near) Phone City westen Surget 305 N 8th Ave City wold City would be compared to the compared of the compared to the compared of the compared		per Printmon	City: HATLEY zip: 54440	City Latley	(Month) (Day) (Year)	Phone (
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10. Sheby Niskanan Sheby Niskanan Sheet: 305 N 8th Ave City: Live Stan District: 305 N 8th Ave City: Wall Saw, W Zip: 4th City Wallsale Wallsale (Month) (Day) (Year) Phone Certification of Circulator (Name of Circulator) (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality) City: Live Stan District City Wallsale (Month) (Day) (Year) Phone (Circulator's Residence - Street name and Number) (Circulator Municipality) Circulator Municipality) Circulator Municipality) Circulator Municipality)		Guly was	Street: 4713 Mesket	Village	11/17/2011			
Certification of Circulator Continue of Circulator C	WOIAT		City: weston zip54476	"City Weston	(Month) (Day) (Year)	Phone		
Certification of Circulator Daniel Hezer (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality) (Circulator Municipality)	10. Shelby Wiskaron	Olhelle Maskasen	5/07	□ Town	11/1/2011			
Daniel Hazaent , (certify): I reside at 2462 mall St Rothse 41/0 (Circulator's Residence - Street name and Number) (Circulator Municipality) Circulator Municipality)		7 79575	City: Wan Saw, W Zip: 2770	City Vausau	(Month) (Day) (Year)	Phone (
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality) Circulator	0 1 1	Certification	of Circulator	. 0	/ 7			
(Lirculator S Residence – Street name and Number) (Lirculator Municipality) $ au$, 12 4 7 7 7					Circ		
to person with full knowledge of its content on the day indicated	personally circulated this recall petition and personally obt		(Circulator's Residence – Street name an the signers are electors of the jurisdiction or district represented by the	d Number) (Circulator I) c officeholder named in this petition. I know t	Municipality) that each person signed	T		

Page No. (Official Use Only)
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

	of the Wisconsin Constitution and S.9.10 of the Surposes, when different than municipality	LITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAYS	/S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Heidi Pietz	- Hid Res	Street: P1852Cty.Rd.D City: Birnamwood Zip: 54414	WTown Village Plaver	// /17/20_/(Month) (Day) (Year)
2. Melody Klink	Melody Klink	Street: 211 Rainbow Lane	Trown Village Rit Mount un	// /// 2011 (Month) (Day) (Year)
3. Shannan Cole	720 Q	Street: 304 N. 9th St. City: Wausau, WI zip: 54401 City: Wausau, WI zip: 54403	Town Uvillage City Wausau	11 /17/2011 (Month) (Day) (Year)
4. Nichole Firlus	Mahil P	Street: 2106 Vollyman Stylet City: Schofuld WI zap: 54476	Town City	(Month) (Day) (Year)
5. Dana Desmond	Daralerd	Street: 1201 S. GOTA AV. Apt 10 City: Wausau zip: 54401	Town Walls au	// // /20 // (Month) (Day) (Year)
6. Barbstylenter	a Barb Staffanbaga	Street: 305 School St. City: Dearce Zip: Lini.	Town Willage City	(Month) (Day) (Year)
Myla brehm	Youk ah	Street: 300 DUGHS City: SPLNCLY Zip: 54479	Town Willage Spencer	(Niohth) (Day) (Vear)
Nancy L. Bornheimer	Yang Lbruher	Street: 922 N.5th fue. City: Wassan WI zip: 54401	Town Village City Udusau	///1/20 <u>//</u> (Month) (Day) (Year)
MARY EVEN STIEBER	- Mary Ellen Striber	Street: 1520 4 MILE RD CHYMARATHON WI Zip54448	Town Utilage City MARATHON.	///7/20 <u>/</u> (Month) (Day) (Year)
Denise Sullivan	Denise Sullivan	Street: (DD) Spur Lane City: Wallson zip: 54403	XTown Uvillage City Date Watts	// ///20 <u>//</u> (Month) (Day) (Year)
(Name of Circulated this recall petition and personally obtate paper with full knowledge of its content on the date indice	ulator) btained each of the signatures on this paper. I know that the	rtify): I reside at Circulator's Residence - Street name and the signers are electors of the jurisdiction or district represented by the e residences given. I support this recall petition. I am aware that falsifying	nd Number) (Circulator M	Municipality)
(Month) / 8 /20 // (Year)	1 _ Dat 1 /4 Q	(Signature of Circulator)		(Official Use Only)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S 9 10 of the Wisconsin Statutes.

0	office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes. THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.							
	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING			
	Kevin Christens	KL	Street: 2161 Glendalen Rd City: Konen wether Zip: 54455	Drown Syillage Lronen we there	11 /17/20 11 (Month) (Day) (Year)	Email Phone		
	2. Rachael Christens		street: ZICO Calendalen Rd City: Kronenwelter zip: 54455	Drillage City Kronenwetter	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Email Phone		
	3. Jennifer Larsen - Fritaner	Daven Tiven	Street: 621 Brooks Place City: Waysay zip: W1	Town Village Waysaw	/ 1 / 20_[] (Month) (Day) (Year)	Email Phone		
	4. Ruston Fritcher	The state of the s	Direct: 621 Brooks Place City: Waysay zip: 54401	□Town □Village ©City Wawsaw	///7/20_[] (Month) (Day) (Year)	Email Phone		
	5. PHARN PRWIN	Thai dui	Street: 1705 N. 3 R.D AVO, AFT Z City: WANS AN Zip: 254401	□ Town □ Village EffCity W MSAU	11 /17/2011 (Month) (Day) (Year)	Email Phone		
	Frances Irwin	Hances Juns	Street: 1205 N 3RO AUR APT2 City: Wallau 21p: 54401	Town Village City WauSau	////201/ (Month) (Day) (Year)	Email Phone		
	7.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone		
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	9.		Street:	☐ Town ☐ Village ☐ City	/ /20	Email Phone		
	10.		Street:	☐ Town ☐ Village ☐ City	/	Email Phone		
<u> </u> I,	Frances Irwin	Certification o	f Circulator fy): I reside at 1265 N 3RN Ave F	1042 Wausan				

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			City:	Zip:	□ Village □ City	(Month) (Day) (Year)	Ph
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_	Trances Irwin		fy): I reside at 1265 N 31	RD Ave F	10+2 Wanson		
pe e	(Name of Circul rsonally circulated this recall petition and personally obta paper with full knowledge of its content on the date indic	lator) ained each of the Si gnatures on this paper. I know that ti	(Circulator's Reside	nce — Street name and istrict represented by the	Number) (Circulator Noticeholder named in this petition. I know the	hat each person signed	٠
_	(Month) / 17 / 20 (Year)	- Junco June	(Signature of Circulator)			Official Use Only)	

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN		BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Kerri A. Radtke	Karri A. Raduko	Street: 244 Wyalt st	Trown Ovillage City City City	11/18/2011 (Month) (Day) (Year)
Latin Mucmans	Dayley Mucmay	sirei: 866 Ross City: Wausau zip: 574B	Town Village WauSau	11 /8 20 1 (Month) (Day) (Year)
Roger Salzma	Roguetalsmon	Street: 3702 James AVE CID: Waysaul, 20: 54403	Town □ Village □ City □ U/UUSau	//////////////////////////////////////
Dolores Zugh	En hal Barklin	Street: 1 CCG Young St, Carolin Carol Di 200 5 1446	Town Village Way Say	Month) (DA) (Year)
CersaStary	Quasian	Street 3420 170 Street Spill Spill 2015 July 2	Town Village City City	Y 1 / 20 <u>/ 1</u> (Month) (Day) (Year)
Diane Yunet	Diane Yunet	sired 6 10 Hamilton	Town Usa V	// /8/20// (Month) (Day) (Year)
"Heather Stoffel	Heall States	supplied 1st Ave	Town Village	// /c/ 2011 (Month) (Day) (Year)
* De der Willinging	a Verenia ha heres	Street: 1104 Efoling St Cor. Kaugy WI 20,54403	Town Utilage Pacity UAUSU	(Month) (Day) (Year)
9.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ 20
10.		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)
I, Randy Radth	dator)	fy): I reside at 244 wya + 5 (Circulator's Residence - Street name ar	J. Character (Circulator)	Municipality)
I personally circulated this recall petition and personally obt	tained each of the signatures on this paper. I know that I	he signers are electors of the jurisdiction or district represented by the distinct given. I support this recall potition. I am aware that falsify (Signature of Circulator)	ring this certification is punishable under S.12.	hat each person signed 13(3)(a), Wis. Stats. Official Use Only)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		
1. Gerald F. Hornick	Hereld I Hornick	street: E1101 Highland Rd City: Ringle WE 21p: 54471	□ Town □ Village □ City Laston	///\$\f20_// (Month) (Day) (Year)	Email Phone	
2.		street: 605 Katherine Street	Town Stillage City Roth Schild	11 /18/2011	Email Crr	
Cheryl Martino 3. 5 R Stephante Wetts	Church Mostins	city: Rothschild zip: 54474 street: 1750 Batsam DS 5R	D'Town 5 R	(Month) (Day) (Year)	Email U.U.s. Phone	
4.	yo yo O + +	city: St German zip: 3+558 street: 502 McIndoe Unit E	□ Town	(Month) (Day) (Year)	Email	
Mary M. Ostertag	Mary M. Volerlag	Street: 1427 N. 1St AVR	D Town	(Month) (Day) (Year)	Phone (
Dagmar Jeffries	Lagman Jefforis	city: Wausau zip: 54401	ACity Wausay	11/18/20_[[] (Month) (Day) (Year)	Phone (Email	
Shellry Pendelton	Spelley Pendetten	Street: 808 S. 11th AVE City: Way 5an WT zip: 5440/	Town Village Value 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	///8/20 <u>//</u> (Month) (Day) (Year)	Phone	
SCOTT GANTHER	Sett Hantner	Street: 910 S, 215T AVE City: WAUGHU Zip: 5440/	Town Utillage City WA45a U	///8/20 <u>//</u> (Month) (Day) (Year)	Email Phone	
8.	~~ \ .	Street: 317 2 12th Mag.	□ Town □ Village ▼City WAUSAU	(Month) (Day) (Year)	Email Phone	
JON GLENETSKI	John Standard man	Street: Coll Chellis St.	Town Utilage Delity UCUSAU	11/18/2011	Email Phone	
Terry Van Order	Derry VanOrder	Street: 1503 5 3RD AVE	☐ Town	(Month) (Day) (Year)	Email	
GERARD WINDORGE	Sland Windowski' Certification	City: [NAMCAM Zip: 5440]	WAUSAU	(Month) (Day) (Year)	Phone (
Stephen Rh (Name of Circu	VOer, (certi	ify): I reside at 80/1/3+4 5+3+e (Circulator's Residence – Street name an	et Wausa d Number) (Circulator	Municipality)	Circu	

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT: THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.							
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING			
Beverly HASSEL	Burry Hassel	Street: 3125 Naugart Llowie City: mevall zip: 54452	□ Town Mane □ Village □ City	// //8/20_// (Month) (Day) (Year)	Email Phone		
Henry Luxem	Huny Jestena	Street: 2159 River Forest LD City: Kronen wetter zip: 54455	Down Willage City Kronenwetter	///8/2011 (Month) (Day) (Year)	Email Phone		
Gary Willians	Long William	Street: 549 Vane St. City: Mosines zip: 54455	□ Town □ Village MOJ; n - C - C Ø City	11 / 5 / 20 // (Month) (Day) (Year)	Email Phone		
John L. OSTERTAG	John Lotutos	street: 502 McIndoc St., Unit E City: Wausau zip: 54403	□ Town □ Village ▼City W auSau	(Month) (Day) (Year)	Email Phone		
5. Jamie Pendeltar	of Probet	Street: 808 S 1 1 LVR City: Wausau W1 zip: 54401	□ Town □ Village WaySay	\\\ \/\&\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Email Phone		
Shirley Graveen	Shely Groven	street: 168 Roes Lane City: Massile Wis 24: 54455	Town Utillage United Maderill	1/ /8/20_1/ (Munth) (Day) (Year)	Email Phone		
7. GERALO GRAVEEN	91. Al Harris	Street: 164 Jois Jene City: Mosine April 249: 54453	BTown □ Village □ City morrue		Email Phone		
8. Por BUF TOW	10 al Buton	Street: 1409 E Clary City: WAUS AV W 125: 5440	Town Usual City City WAVSAU) (/ / 20/((Month) (Day) (Year)	Email Phone		
PAMELA FRARY	Pamela Juary	Street: 1509 Fulton St City: Wallsaw Wi zip: 54403	Town Uvijage WMS AM	// /2011 (Month) (Day) (Year)	Email 7		
10. 5R	Joeld Painter	Street: W6361 WOOD AVE City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone		
5tephen Rhy	Certification, (cert		et Wausa	U	Circu		

1, 7 - 20/10/1	THUNK!	, (certify): I reside at	00/14/2	/	77 40 0 -10
	(Name of Circulator)	•	(Circulator's Residence – Street nar	me and Number)	(Circulator Municipality)
I personally circulated this recall petit	tion and personally obtained each o	of the signatures on this paper. I know that the signers are ele	ectors of the jurisdiction or district represented	by the officeholder nam	ned in this petition. I know that each person signed
the paper with full knowledge of its c	ontent on the date indicated opposit	te his or her name. Liknow their respective residences given.	. I support this recall petition. I am aware that !	falsifying this certification	on is punishable under S.12.13(3)(a), Wis. Stats.
- 1/ , 18		Stephen Physics	<u>د ا</u>		Page No. (Official Use Only)
(Month) (Day)	(Year)	/ (Signature of	f Circulator)		#1120

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

0	office pursuant to Article XIII, Section 12 of t	the Wisconsin Constitution and S.9.10 of th	ne Wisconsin Statutes.			
`5.6Z	THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.	i igrete, free £1.4
	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
	1. ROBBET WILCOX	D I LUC	Street: 3405 FALCON WAY	Town	11 /16/2011	Email
	1 1000	Kolul Wacox	City: WAUSAY Zip: 54401	Ocity RIBMT	(Month) (Day) (Year)	Phone (
	2.		Street: 922 S 6th Ave	☐ Town ☐ Village	11/18/2011	Email Phone
	Gale lierney	Call Grenny	City: Wamsour zip: 5440	Excity Womsan	(Month) (Day) (Year)	Email (
	3.	4	Street: 3904 ShERMAN RD.	Town STETTIN	11/18/20/1	Phone
	MARION GEIER	marion Meier	City: WAUSAU Zip: 5-3401	□ City	(Month) (Day) (Year)	Email (
	0 + 1 /	01111	sweet: 2 204 Consistuga Lynn	Town Village Aronenwettly	11 /18 /20_1/	Phone
	Janlette Imhof	Paulille Umry	City: MOSINER Zip: 54456		(Month) (Day) (Year)	Email (
	D . T . CC	4/200	Street: 2206 CONESTOGGLONE	□ Town □ Village KRONEN WOTTER	// //8/20/1	Phone
	Dale Imhoff		City: KRONEN WELTER Zip: 54455		(Month) (Day) (Year)	Email (
. (Carles Solve		Street: 305 S. 1/4 AVE	☐ Town ☐ Village ☐ City / / // S.c. 4	// /8/20// (Month) (Day) (Year)	Phone
	THRUTH HADYE	Juniona Clar	Chy: Wavsau 21p: 54/4/01	City Wavsau		Email (
	Gregory A. Venne	1/1 / / /	Street: Wallson 202 N. 12th Ave	Village Wallson	// /8/20_// (Month) (Day) (Year)	Phone
•	8.) . venue	Je con a so	SIN S KANDIN	☐ Town ,	11/18/2-11	Email
	Sharmon Charbour ro	all foresone	City Wallay W/ zip: 54401	O Village LauSau	(Month) (Day) (Year)	Phone
	9.		Street:	□ Town	/ /20	Email
			City: Zip:	☐ City	(Month) (Day) (Year)	Phone (
	10.		Street:	☐ Town ☐ Village	/ /20	Email
			City: Zip:	☐ City	(Month) (Day) (Year)	Phone (
	C_{1}	Certification of	of Circulator		,	
I, _	Stephen Khyn		fy): I reside at 80/N 1344 54 be		Municipality.	Circi
		ained each of the signatures on this paper. I know that the	(Circulator's Residence - Street name and the signers are electors of the jurisdiction or district represented by the	officeholder named in this petition. I know th	hat each person signed	Γ
the	paper with full knowledge of its content on the date indic	ated opposite his or her name I know their fespective r	residences given. I support this recall petition. I am aware that falsifyi		13(3)(a), Wis. Stats. Official Use Only)	ĺ
_				1 . 480 110. 10	Julia Suc Oney/	1

(Month)

(Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

ornce pu		THE WISCONSIN CONSULUTION AND S.9.10 OF U	THE WISCONSIN STATUTES. TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.
	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
	Scenn Gohdes	Ilen Johls	Street: 7/4378 CTYRD J City: Waysas W. Zip: 54403	ØÎown □ Village □ City Texas	(1 / 18 20 / 1 (Month) (Day) (Year)
2. W	Jendy Gohdes	Hendy Goldes	street: T14378 County Rol J City: Waysay Zip: 54403	PTown □ Village □ City □ Te ¥ 9 5	(Month) (Day) (Year)
5	mogoleshi	Jaan Smozolesti	street: 221 F. Bus Crean Divo	□ Town □ Village ▼ City	// // // // // // // // // // // // //
2	Jean DeNuccio	San Defercio	Street: 421 Franklin St. City: Wallsaw 21p. 54403	Village Wausain	///8/20// (Month) (Day) (Year)
	Karla M. Sommer	Kala M. Sonne	street: 4008 Cirestwood Dr. yms City: Wansan Zip: 1601 5442	O Town O Village O City WWSAU	// /[8/20]] (Month) (Day) (Year)
659	ickmen (be Im	Street: 122 W forten St City: Wan se w zip: 54401	□ Town □ Village □ City WALLS ALL	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
/	RICHARD Minnihan	Reminde	Street: 3022 N. 12, St City: Wavsan WI Zip: 54403	□ Town □ Village ■City WANFA A M M M M M M M M M M M M	// //8 /20// (Month) (Day) (Year)
	ristine M. Seidler	Quisting Seed or	street: 4001 Swap Ave, Clis: Waysah 21p:54401	Village Ki A	11/8/20// (Month) (Day) (Year)
9.	onna mesaik	Denno mask	Street: 1005 N 25th St City: WaySav 21p: 54403	Nown Village City UNISAD	\\\\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
10.	Many Greiges	mallmall	Street: 917 Maple Hill Rd City: Ways an zip: 5440)	□ Town □ Village SCity Cusoin	Month) (Day) (Year)
personally c	Jeane He W (Name of Circul irculated this recall petition and personally obta	Certification (lator) ained each of the signatures on this paper. I know that it		Office holder named in this position. I know to	hat each person signed
	1 18 120 11	1//			

(Signature of Circulator)

(Month)

(Day)

(Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

F	THE MUNICIPALITY USED FOR MAILING PURPOSES; WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		
	Late Burnler	MEBU	Street: 4041 Parniageun City: Marama Zip: 54492	CKrown O Village O City	///C/20(Month) (Day) (Year)	Email Phone	
	2. Gail Konkol		Street: 1747 Kowalski Road	Town Defillage City Kronenwetter	11/18/20// (Month) (Day) (Year)	Email	
	Melvin Konkol	ma a si so	Street: 1747 Kowalski Rd	Down Stillage City Knonenwetter		Email Phone	
	STeven Heinvich		City: 1051 N LE Zip: 34455 Street: 2840 BiTTersweet C+ City: Wausau Zip: 5440 1		// /8/20// (Month) (Day) (Year)	Email Phone	
	5. Karen Thampson	() -1)	Street: 1024 So. 4th Ave City: Waysay zip: 54401	Town Village City WauSau	11 /18/2011 (Month) (Day) (Year)	Email Phone	
[6.	000	Street: 1721 Tierney Rd. City: Wasca, W1 21p: 5-4401	Town Village City Wowsac	11 /18/2011 (Month) (Day) (Year)	Email Phone	
	Jason Greenwood	has And	street: 405 Frances St. City: Rothschild, Wi. 22p. 54474	Town Stillage City Roths whild	(Month) (Day) (Year)	Email Phone	
	8. Brenda Holdorf	0,0	Street: 205 Callon St City: Waus au zip: 54401	Town Village Wav Sa	11/18/20 <u>11</u> (Month) (Day) (Year)	Email Phone	
	Michelle DuRuis"	1	Street: 2004 Jackson St.	Town Usillage Westy MOSI Nee	///8/20_// (Month) (Day) (Year)	Email Phone	
	Carrie Helke	Carrie Hank	Street: 2303 PYANWOOD ME City: Schoffeld Zip: 54474	Town KVillage RothSchild	11 / 18/20 / (Month) (Day) (Year)	Email Phone	
,	Certification of Circulator Centification of Circulator Centre White , (certify): I reside at 1906 N. 10th Ave. Apt. 7 ways a w. (Circulator) (Name of Circulator) (Circulator) Residence Street name and Number)						

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	Control Maria Maria Maria	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	7.34.3
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Barbara Mullen	Barbacamuller	Street: 1014 Gilbert St. City: Wausau 21p: 54403	Town So Village VILLS 91	///8/20// Photomorphisms (Month) (Day) (Year) Photomorphisms (Month) (Day)	
2.		Street:	□ Town □ Village	/ /20 Ema	
		City: Zip:	☐ City	(Month) (Day) (Year)	(
3.		Streel:	□ Town □ Village	/ /20 Ema	
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4.		Street:	□ Town □ Village	/ /20 Ema	
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5. (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		Street:	☐ Town ☐ Village	/ /20 Ema	
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6.		Street:	□ Town □ Village	/ /20 Ema	
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7.		Street:	☐ Town ☐ Village	/_/20Emz	12
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10.		Street:	☐ Town ☐ Village	/ /20 Ema	
		City: Zip:	☐ City	(Month) (Day) (Year) Pho	one (
Samuel (Certification (of Circulator fy): I reside at	ilkner Wh	1, ting	<i>C</i> :

I_{i}	(certify): I reside at	0 2 19111111	9/1/1/1/1/7
(Name of Circulator)	(Circulo	ator's Residence - Street name and Number)	(Circulator Municipality)
I personally circulated this recall petition and personally obtained each of the signatures	on this paper. I know that the signers are electors of the ju	assenction or district represented by the officeholder named	in this petition. I know that each person signe
the paper with full knowledge of its content on the date indicated opposite his or her name	he know their respective residences given I support this	recall petition. Lam aware the falsifying this certification	is punishable under S.12.13(3)(a), Wis. Stats.
// / 5 /20//			Page No. (Official Use Only)
(Month) (Day) (Year)	(Signature of Circulator)	9//	#1124

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	IICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED:	piA
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
· Michael Klosinskie	Melm Khuh	Screet: 120 Rainbow LN	Town RID Mountain	1/ /18/2014	E
		City: Waysan W, zip: 5440)	☐ City	(Month) (Day) (Year)	F
	Janes M. Klosustri	Street: 120 RAINBONLN	Frown Village	11 /18/20	E
IANET KLOSINSKI	Janes M. Klosinski	City: WAUSAN WI Zip: 52/401	City RIBMOUNTAIN	(Month) (Day) (Year)	F
		Street:	☐ Town ☐ Village	/_/20	E
		City: Zip:	☐ City	(Month) (Day) (Year)	F
		Street:	□ Town □ Village	/ /20	E
		City: Zip:	☐ City	(Month) (Day) (Year)	F
		Street:	☐ Town ☐ Village	/ /20	E
		City: Zip:	□ City	(Month) (Day) (Year)	F
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•	*	Street:	☐ Town ☐ Village	/ /20	E
		City: Zip:	☐ City	(Month) (Day) (Year)	P
Taylor Mags	Certification (of Circulator (fy): I reside at 30 Summit Dr A	pt 1 Wallsa	e city	

				City:	Zip:	□ City	(Month) (Day) (Year)
		ΛΛ -	Certif	ication of Circulator			
I, _	Mular	Mags		, (certify): I reside at	Summit Dr	Apt 1	Walls au City
I per	rsonally circulated this recall	(Name of Circula petition and personally obta	ined each of the signatures on this paper.	I know that the signers are electors of the	ulator's Residence - Street name	the officeholder named i	(Circulator Municipality)
the p	paper with full knowledge of	ts content on the date indica	ated opposite his or her name. I know the	ir respective residences given. I support the	nis recall petition. I am aware that fals	ifying this certification is	punishable under S.12.13(3)(a), Wis. Stats.
_	11/19	/20[]	_				Page No. (Official Use Only)
	(Month) (Da	ay) (Year)		(Signature of Circulator)		# 1125

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S 9 10 of the Wisconsin Statutes

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	THE MUNICIPALITY USED FOR MATLING	PURPOSES, WHEN DIFFERENT THAN MONICIPALITY	TO RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAY VOTING	S BE LISTED.	
	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
	1.		Screet: 1/27 PINE ST	□ Town	11/19/2011	Email
	Thomas - artie	The sale many		City WAUSAU	(Month) (Day) (Year)	Phone
	THOMES I MEYER	Thomas Meyer	City: WAUSAU Zip: 54401	WHUTHU	(*******) (*****)	Email
			Street: 12 40 Merrill are	☐ Town ☐ Village	(Month) (Day) (Year)	
	MARCELLA BERNOT	Marcello Barnet	City: Mausael Zip: 54401	City WAUSAU	(Month) (Day) (Year)	Phone
	3.			☐ Town	1.6/2011	Email
No. No	Bonnie Eiford	Barrie Elfurd	City: Wansan Zip: 54401	City WAUSAU	16/18/20/11 (Month) (Day) (Year)	Phone
	4.		Street: 302 BOPF ST	□ Town	11 /18/20/11	Email
	Sid Exford 5.	Le Elon	City: WALLSALL Zip: 34461	WAUSAN	(Month) (Day) (Year)	Phone
	5.			□ Town	+ , , ,	Email
	MARY C. NEls	1	Street: 1713 PORO 80	D'Village City W ou SAM	11 /18/20/1	Phone
	Wising Continue		City: Wousen zip: 54401	You was see	(Month) (Day) (Year)	
	6.		Street: 3103 Country 2d U	Town	11 / 18/2011	Email
	Barbara Langbecker	Barbarad Longberkey	City: Wansan 21p. 54401	Uvillage Main e	(Month) (Day) (Year)	Phone
	7.	1 2 2 °	Street: 5300 N. 60TH AVE 54401	Town MATNE	11/18/20/1	Email
	MARY YETERS	Hay talers	City: WAUSAU Zip:	☐ City	(Month) (Day) (Year)	Phone
	8.	0/	Street: 5300 p. Goth Auc	Town Maine	11/15/2011	Email
	Trene jeters	Must lete	City: 6) aller 21p: 54431	☐ City	(Month) (Day) (Year)	Phone
	9.		Street: 7-1237 East Tray	59 Town	11/10/11	Email
	× .00	£ 100 0 10 11	\	City Jexas	(Month) (Day) (Year)	Phone
	Det Ferny Schlatter as	Jay X Chattern	City: Way 54403		(Wonth) (Day) (Year)	Email
			Street: 725 N: 2nd. ave.	□ Town □ Village	11/18/2011	
	Irene H. Blaskowski	Irene U. Blaskowski	City: WAUSAU, WI, Zip: 54401	OCHY WAUSAU	(Month) (Day) (Year)	Phone
	1 ., .	Certification of	of Circulator	City	of	;
I, _	Jeanette V	White ,(certi	fy): I reside at 1906 No 10 th Auc. Ap		sau	C:
I pe	(Name of Circul resonally circulated this recall petition and personally obtained the control of	lator) ained each of the signatures on this paper. I know that the	(Circulator's Residence - Street name and the signers are electors of the jurisdiction or district represented by the	d Number) (Circulator)	Municipality) that each person signed	Circ
tne	paper with full knowledge of its content on the date indic	cated opposite his or her-name. I know their respective r	residences given. I support this recall petition. I am aware that falsifyi	ng this certification is punishable under S.12	.13(3)(a). Wis. Stats.	

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
	1.		Street: 725 N. 2ND AVE	□Town	11/10/20 11	Email
	EVERETT P. HALL	Everett P. Hall	City: WAUSAY Wi zip: 54401	City Wausau	// //8/20	Phone
* 10. ISSUE	2.	1	Street: 125 Royalston CT	□ Town □-Village	11/18/2011	Email
	Judy Gourley	Gudy Downley	City: Wans an 21p. 54401	City Waysau	(Month) (Day) (Year)	Phone
	3. Robert Van Order	NIGAR	Street: 611 Chellis St.	☐ Town	11/18/20/1	Email
	Robert Vallader	Rollit Van Voler	City: Wausau W (Zip: 54401	City Wawale	(Month) (Day) (Year)	Phone
	4.	\bigcirc	Street: 7)5 Fliet St	□ Town □ Village	11/18/2011	Email
	Jenniter Barger	Juny Copay		Active Waysay	(Month) (Day) (Year)	Phone
	5. 	N DA M	Street: 922 S. 22nd Place	☐ Town ☐ Village	11/18/2011	Email
	Larol Corazalla	-land loragalla	Cuy Wansan, WIZIP: SY461	Xcity Wansan	(Month) (Day) (Year)	Phone
	0.	U	Street: 1729 Bune K Ave	□ Town □□ Village	11 /18/2011	Email
	MORRIS KARK	Momi Karki	CHY: WANSON, WF ZIP: 5410	Day Wanson the	(Month) (Day) (Year)	Phone
	1.		Street: 919 STONEBRIDGE RD.	Town Kronenwetter	11 /18/2011	Email
	CAROL J. RUETHER	Garol J. Ruether	CHY: MOSINEE, WI ZID: 54455	JW	(Month) (Day) (Year)	Phone Email
	0.		Street: 2109 Bloodel Aug	Town Notice Street Control Street Control	11 /18/2011	Phone
	Marian Stadler	Many Graden	City: Schofield 1 zip: 54476	City CODS(OV)	(Month) (Day) (Year)	Email
). 	012/1/1	sired-109 Bloedel AVE	□ Town □ Town	///3/20// (Month) (Day) (Year)	
	you kluender	bur helper	City: 9 ch & Sigle 245416	City Weston	(Month) (Day) (Year)	Phone
	10.		Street: 4061 PARTRIDEE LN	O Town O Village O City O S S L	11/18/2011	Email
	Vario Vrewer	AH DU			(Month) (Day) (Year)	Phone
	1	Certification of		o da City		
I, _	Jeanette U		fy): I reside at 1906 N, 105 Hue 1		USau	Circ
l pe the	rsonally circulated this recall petition and personally obta	ained each of the signatures on this paper. I know that the	the signers are electors of the jurisdiction or district represented by the residences given. I support his recall petition. I am aware that falsifyi	officeholder named in this petition. I know th	hat each person signed	

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THE MONETALTT USED FOR MATERIAL	PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN		BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNIN
1.		Street: 918 BROID WALL AS	□ Town □ Village	11/17/20/
HAROLD H. FERSE	Have H Zerge	City: Wid JJA. u zip: 54483	MCity WAUSA~	(Month) (Day) (Year)
2. '		Street: 143 Edwards St. Apt A	□ Town	11/17/201
Sarah Meverden	Sarah Murerden	City: WOUSOU Zip: SYYO!	ACity Wausau	(Month) (Day) (Year)
3.		Street: 5905 Coronado Dr.	□ Town X Village	11/17/2011
Debra M. Secteld	Sabra M. Diefeldt	City: 1) PSON WT 21p: 54476	City W-PSton	(Month) (Day) (Year)
4.		Street: 2070 WAIKEN MAP.	□ Town	11/1/2011
MASIC HI debland	Mach 1 Al Solden of	CAY: Kronenwelter WI 200. 54455	Dity Kranenwetter	(Month) (Day) (Year)
5.	10 1.10 1 11	Street: 1263N. 88+hAve	Atown Stellin	11/17/201
Karla Wipperturth	Mulanu Parsent	City: Waysay WI zip: 54401	□ City	(Month) (Day) (Year)
6. V	1200	Street: 213 N. Stn Ave	Town	11 /17/2011
Amy Engle	Wyga	City: Waysun zip: 54401	Village NWSW	(Month) (Day) (Year)
Brenda Leonoff	and Run Level	Street: 5/4 5/5 Ave	□ Town □ Village / .	11//7/20_
	Dareagner Sair I	CHY: Wausau zip: 54401	RCity Wallson	(Month) (Day) (Year)
8. SALVA DOR	0 0 0 1/1	000 11 - 14 01	□ Town	11/18/2011
SamCorazalla	Selvadoz Corazell	CINNAUSAU W; Zip: 54401	Scity Waves	(Month) (Day) (Year)
9.		Street: 1502 W. Union ALC	□ Town	11/14/2011
MAH Bolchich		CHINANSAN WI Zip: 57440	Excity Wash	(Month) (Day) (Year)
10.	717	Street: 3718 Woodland Ridge	□ Town □ Village	11/18/2011
Kristin Thompson	KnotThomps	CHY: 1/1 MADAM 210: 59403	Willage Wayan	(Month) (Day) (Year)
1	Certification of	of Circulator	City	of
Cleanette 11	Jhite (certi	fy): I reside at 1906 No 10 th Ave Ap	/	sall

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes

THE MUNICIPALITY USED FOR MAILING		TY OF RESIDENCE, IS NOT SUFFICIENT, THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.	in the second
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1. David 5 Harbort (David J. Hertband	Street: 1607 Woodward Que	Town QVillage Resthected (11/15/2011	Email
	000	City: Rothschild zip: 54474	☐ City	(Month) (Day) (Year)	Phone
2. / / / / / / / / / / / / / / / / / / /	1) ·· AN OUT	Street: 2044 James St.	☐ Town	11 18 20 <u>11</u>	Email
William H. John	William John	City: MOSINER WI Zip: 54455	City KRONEW Witter	(Month) (Day) (Year)	Phone
3.	inillian m M M mTV	Street: 3044 James St. City: Mosinee WI zip: 54455 Street: 2044 James St. City: Mosinee WI zip: 54455	☐ Town ☑ Village	11 /18/2011	Email
	welling of fante	City: Mosinee WI zip: 54455	City Kronenwitter	(Month) (Day) (Year)	Phone
4. Unnstina Winnie	Amusona IIIMMie	Street: 2177 CVange C+	☐ Town Da Village	11 /18/20[1]	Email
	Charatta Cartaras	City: LYMENWETTEY Zip: 54455	Davillage City KV Men We Her	(Month) (Day) (Year)	Phone
5.	Ken Stobbe	street 2050 Creek Rd	☐ Town Na Village ,	11/18/2011	Email
Ken Stobbe	Men scove	chy: Mosinee, WI zip: 54455	Ocity Kronenwetter	(Month) (Day) (Year)	Phone
6.		Street:	☐ Town ☐ Village	/ /20	Email
		City: Zip:	☐ City	(Month) (Day) (Year)	Phone
7.		Street:	☐ Town ☐ Village	/ /20	Email
		City: Zip:	☐ City	(Month) (Day) (Year)	Phone
8.		Street:	☐ Town ☐ Village	/ /20	Email
		City: Zip:	☐ City	(Month) (Day) (Year)	Phone
9.		Street:	□ Town	/ /20	Email
		City: Zip:	- □ Village □ City	//20 (Month) (Day) (Year)	Phone
10.			□ Town	1 1	Email
	'	Street:	_ □-Village □ City	//20 (Month) (Day) (Year)	Phone
	Certification o	City: Zip:			<u> </u>
Margaret We		fy): I reside at 700 8 RiVer Trail	Dr Weston	1	
(Name of Circu	ılator)	(Circulator's Residence - Street name and	d Number) (Circulator N	Aunicipality)	Circ
personally circulated this recall petition and personally obtained with full knowledge of its content on the date indi-	cared consists his or has name. I know that the	the signers are electors of the jurisdiction or district represented by the	officeholder named in this petition. I know the	nat each person signed	

(Signature of Circulator)

(Year)

(Day)

Page No. (Official Use Only)
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

O سردتيدو	ffice pursuant to Article XIII, Section 12 of	the Wisconsin Constitution and S.9.10 of the Use of the Section of the Use of	The second secon	ICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	an e par line ve je u ve js
	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
	Bette J. Stephens	Beth a Stephens	Street: 1822 Carol Drive	Town Village Decity Waysay	///5/20// (Month) (Day) (Year)	Email O Test
	2.	al 12.	city: Wausau zip: 5440/ Street: 410 5, 87 Aul.	□ Town	11/16/20/1	Email
	CHERY ZOPEI	Chery Jopel	City: WAUSAU W/ Zip: 5440/	XCity Wausau	(Month) (Day) (Year)	Phone
	Marilyn Greiner	Marelyn Greine	City: Rothschild zip54474	Drown Nvillage City RotAschild	il /17/2011 (Month) (Day) (Year)	Phone
	4.	DUAM	Street: 411 FRANCES ST	□ Town RVillage	11/17/20/11	Email
	RANDALL G. REIF	muin	City: ROTHSCHILD Zip: SYY7Y	City KOTHSCHILD	(Month) (Day) (Year)	Phone
	5. Kathy Schneider	Katha Schnowdor	cin: Waysan WI zip: 56403	□ Town □ Village Öxcity WauSau	// ///20 <u>//</u> (Month) (Day) (Year)	Email Phone
	6.	Kathy Schneider	city: Waysay WI zip: 54403 Street: 3803 Woodland hidge Ad	☐ Town	11/17/2011	Email
	MarteSchneider	Min produ	city: Wawsan, WI zip54403	Mil Waresay	(Month) (Day) (Year)	Phone
	Le helliams	7 mille	Street: 16)3 Charry St.	Town Village Scity	///7/20/1 (Month) (Day) (Year)	Phone
	8.	I have	City: Wausan WF zip: 54401	Town	, ,	Email
			Street: City: Zip:	U-Village	/ 20(Month) (Day) (Year)	Phone
	9.		Street:		/ /20	Email
			City: Zip:	☐ City	(Month) (Day) (Year)	Phone
	10.		Street:	☐ Town —□-Village	/ /20_	Email
			City: Zip:	□ City	(Month) (Day) (Year)	Phone
I, _	I, Bette J. Stephens Certification of Circulator Wausau Gentify): I reside at 1822 Carol Drive Wausau					
I pe	(Name of Circu ersonally circulated this recall petition and personally obt paper with full knowledge of its content on the date indi	ained each of the signatures on this paper. Lknow that t	(Circulator's Residence – Street name an he signers are electors of the jurisdiction or district represented by the residences given. I sypport this recast petition. I am aware that falsifyi	officeholder named in this petition. I know	Municipality) that each person signed .13(3)(a), Wis. Stats.	

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. 1 1 m.	THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUT Rural address must also include box or fire r				
	1.		Street: 13923 N. 5767	▼ Town	11/18/20/11	Email	
	Hanulu Schwede	tem Schole	City: WOWS M Zip: ST	1405 City Texus	(Month) (Day) (Year)	Phone (
	2.		Street: 5707 Babl lan		1//8/20//	Email	
	Susan C. Luoma	Men Course	City: Westra zip.54	1476 City Vesto	(Month) (Day) (Year)	Phone (Email	
_	3.		Street: 122 PARK BL	Timage A	11 /18/2011	Phone	
	KONALD WEKERT	Kanald Maket	City: WAUSAU Zip: 54	1401 KCity WAU	(Month) (Day) (Year)	Email	
	1.7	14 10 3 D. H	Street: 1220 Townline at 4	Village	11/16/20 <u>11</u>	Phone	
Ĺ	Kathrine Leith	Kathriageth	Cuy: Wayson 5463: L		500 (Month) (Day) (Year)	Email	
	DENNIS KRIEG	Vernies Fris	Street: 1214 HENRIETTA	TATAL	SAL 11/8/201)	Phone	
-,	6.	70 7	City: WAVSAU Zip: Ly	L Field	(Monta) (Day) (Year)	Email	
		H a color	street: 1214 Henrietta St	☐ Town ☐ Village	11/18/20 <u>11</u>	Phone	
	Gail E-Krieg	Sal EThing	city: LDUSAU W zip: 5		G LL (Month) (Day) (Year)	Email	
		177 1,20	Street: 1510 N 3nd ST	☐ Town ☐ Village	1500 11/18/20/1	Phone	
	Louid Nowe	Jan Roxe	City: Warcon Zip: 54	403	(Maunin) (Day) (Year)	Email	
	Stephanie Prihoda	Jacoh mi Duhoda	Street: T790 Split ROCK Lin	WINZ City Texas	11/18/2011	Phone	
	9 -	Sector to rocco		1405	(Month) (Day) (Year)	Email	
	Dawn Lonsdorf	Dawn Lonsdon	Street: 309 Charles St	Town Village Schol	neH 11/18/2011	Phone	
	10.	- Charles of		4416	(Month) (Day) (Year)	Email (
	Jason Reiner	1 / / / / / / / / / / / / / / / / / / /	Street: 309 Charles St	Town Village City Village	N/18/2011	Phone	
	20301 1 WINE	yasen cere		4476 OKCity Schof	(Month) (Day) (Year)		
Ţ	Certification of Circulator (certify): I reside at 3027 N. 7th St (1) 90500						
1, _	(Name of Circul	lator)	(Circulator's Residence - Stre	,	(Circulator Municipality)	Circu	
I pe	personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed e paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.						

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Travis Knoblock Travie Smollock street: F13797 East Week of Dillinge 11/18/2011	Phone
	Email
Street: Elsoida E Tower Rel Destroy (Month) (Day (North) (Day (Day (North) (Day (No	Phone
10100 10100 more thought city: 1210gle, with zip: 344 11	
3. Street: 118 Fg-99 Ave Strown Village 11/18/2011	Email
Total Cip Eclipt Valuein Charden, Merrill, W. Zip: 54-153 City MAINE (Month) (Day) (Year)	Phone
4. PAUKATZK- PAIKA Street: 2/3 WIST CAMPUS Town VIIIage Warsa 11/12/20/1	Email
City: Why AU Zip: (440)	Phone
5. Street: 1827 GARDNER Plant Rd Town	Email
JEFF LANASEN JAKEN City: MosiNEE W. Zip: 54455 City Kunganwerler (Month) (Day) (Year)	Phone
Street: Street: WE. Zip: 54455 City Kunnya Warfer (Month) (Day) (Year) 6. Debotah Blackowski Welder Blackowski Street: R20670 Bambi Dr Town Village River City (Worth) (Day) (Year)	Email
City: Ringle Zip: 344// City / (Month) (Day) (Year)	Phone
7. - Street: B20676 BAMB. D1 Town 11/18/20/1	Email
VIELDR BIASKOWSK WORD Blackbook City: Rengle Zip5447/ City Kingle (Month) (Day) (Year)	Phone
8. Street: 15/1 STARIC Town 11/19/2011	Email
Street: 1511 STARK Village WAUSAU Village WAUSAU Wonth) (Day) (Year)	Phone (
9. 1 1/1 // Street: 21/1/5tm Hcc Town 11/18/20/	Email
Mell relection of later city: Yourson zip: \$4-1/ 1 City Who Saw (Month) (Day) (Year)	Phone
10. Patricia Street: 1244 N 8th Ave Town 11/18/20/1	Email
Fatricia Tesevich Jah & Selecy City: Masay, WT zip: 54401 PCity Wassall (Month) (Day) (Year)	Phone (
Certification of Circulator	
I,	Circ
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.	1
(Month) (Day) (Year) Page No. (Official Use Only) (Signature of Circulator) Page No. (Official Use Only)	

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0 عدمت	ffice pursuant to Article XIII, Section 12 of	the Wisconsin Constitution and S.9.10 of the purposes, when different than municipal in	ne Wisconsin Statutes. TY OF RESIDENCE, IS NOT SUFFICIENT, THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.	·
	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
	1. Diana Chall	Diam shee and	Street: 9/05 margaret St.	Town Rothsuild	// //8/20/1 Ema (Month) (Day) (Year) Phot	
	2. Amber Dovardpoupha	Soranopontra AMBER	City: Rottahi K WI zip: 54474 Street: 1913 MillWoukle Auc	Town Village City	Month) (Day) (Year) Phot	
·	3. David Branson	Dal Bren	city: Wausau zip: 54403	Drown Town City City	Ema	10
	4. JAYNEE Horrter	Jaynel	City: Weston 210:57476 Street: 3406 Bob-0-Link	Ki Town Uvillage P1-b ALT	(Month) (Day) (Year) Phot	
	5.	Hoerter	city: Wallan zix 54401 Street: 5816 Normandy 5+	▼Town	// /8/2011 Ema	_
	Katil Maki 6. John Maki	I has make	city: Schofield zip: 544/76 Street: 58/6 Normandy 57	D Town	(Month) (Day) (Year) Ema	
	7. RULER	2	Street: 1776 ESKER RD	City We STON	(Month) (Day) (Year) Ema	nail
	8. Dorothea	Derother	City: HATLEY, WI Zip: 54440 Street: 1726 ESKer Rd	City REID	(Month) (Day) (Year) Photo Ema	
	Zimmermann	Zumesheun	city: Hatley, WI zip: 54440	Ocity Reid	(Month) (Day) (Year)	one
	9. GERAID LAYTUN	Aciald Laytin	Street: 1025 St. Newstin Ave	☐ Town ☐ Village	11/18/2011 Ema	iail
			City: WAUSAU Zip: 54403	Dicity WHUSTU	(Month) (Day) (Year)	one
	10. Linda Layton	Linda Lindon	Street: 1025 St Austin Ave	Town Usillage	1//8/20 <u>//</u> Pho	
	magi-	Contification of	City: (1) 045 91. Zip: 5 4403	() () () () () () () () ()	(Month) (Day) (Year)	
I.	David "	Bergy Certification of	fy): I reside at 3027 M. 7th	St. 11a) 54 V	
-	(Name of Circui	lator) , (certi-	(Circulator's Residence - Street name and	d Number) Circulator M	funicipality)	Circ

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
Mollyann Burda	Maly an Burch	street 504 Bernard Street City: Wausan zip: 54403	Town Wallsace Walls all	////8/20// (Month) (Day) (Year)	Email V110/ Phone
Jody Seubert	Jody Su Vert	street: 3210 3rd St. City: Marathon zip: 54448	ØTown □ Village □ City Cassel	// //8/20(Month) (Day) (Year)	Email Phone
3. Traci Robbins	Saah	Street: 1005 Chestnut City: Marathan WI zip: 5444	Town Dillage City Marathon	(Month) (Day) (Year)	Email Phone
4.	M 1.	Street: 626 COUNTY RD W	Town City BIB FALLS	11 /18 /20 11 (Month) (Day) (Year)	Email Phone
THERESA JANSEN 5.	Kindle / All	Street: 1830 Deerwood Trail	☐ Town ■ Village	11 /18/20_11	Email Phone
Kendra Vanslyke	m / 1/2 VI	street, 2156 Kowalski Rd	Town City L	(Month) (Day) (Year)	Email
7. David H Johnson	Marilian Vanos ague	Street: A 202 Cty Rd K	© Town	(Month) (Day) (Year)	Email Phone
Band H Johnson 8. Gertrude M. Johnson	Wares to Jomeso	Ustreet: 4702 Bty Rd. K	City Maine Su Town Village	(Month) (Day) (Year)	Email
Sarah Davies	Sarah Davão	Street: 903 Manson S+ #12	Town	(Month) (Day) (Year)	Email
10	Covare Conjun	City: Wausau Zip: 54403	*City Wausau	(Month) (Day) (Year)	Phone Email
Kelly haufman	Kelly Koefman	Street: 708 Callon St. City: Woldsan zip5448 [Town Village Waysay	(Month) (Day) (Year)	Phone
(Name of Circu personally circulated this recall petition and personally ob per paper with full knowledge of its content on the date indi	ulator) (the signatures on this paper. I know that	of Circulator ify): I reside at (Circulator's Residence – Street name are the signers are electors of the jurisdiction or district represented by the sidences given. I support his recall petition. I am aware that falsify	e officeholder named in this petition. I know t	Municipality) that each person signed .13(3)(a), Wis. Stats.	Circ

(Month)

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A		the Wisconsin Constitution and S.9.10 of the Purposes, when different than municipality	THE WISCONSIN STATUTES. TY OF RESIDENCE, IS NOT SUFFICIENT, THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED	
	ITED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	el ·
1. Sile	phanie Thao	Slan	Street: 925 SLOH	Town Village Vity NAUSAU	(Month) (Day) (Year)	Email Phone
2.	bin mecalkle	All made of Oc	city: WAUSAU zip: 54403 street: 1411 Ember 54	DTown Village City / CauSace	1) /18/201	Email Phone
3.	PI PICCOLINE	MOUNT INCOME	City: Jaussey WI Zip: 5440/ Street: 3215 Mard J.	□ Town	(Month) (Day) (Year)	Email Phone
4.	Sanz Annol	Donna Jany	City: 50 10 (18) 2ip: 544 6	Town	(Month) (Day) (Year)	Email
5.	MY HONGE	Composition	City: 500601 zip: 54476	City Com	(Month) (Day) (Year)	Phone (Email
	wikaski	3	Street: 7/4 MCC121/CNSt City: USCUUSCU zip: 5+463	Village Sauce		Phone (
0.	Join John John John John John John John Joh		Sirvi: Zio:	☐ Town ☐ Village ☐ City	/ /20	Phone
7.	m MESALK	C- Mass	Street: 1005 N. 25th St. City: WAUSAU Zip: 54403	□ Village LUAUSAU	11 / 18/2011 (Month) (Day) (Year)	Email Phone
8. Ka	therine Happel	Literal Shope	sirect: 156 Kent ST City: Wausan, W1 zip: 54463	Town Village City UAUSAU	///8/20/_ (Month) (Day) (Year)	Email
9. WI	LI, AM HAPPau	Ull letterpal	Street: 156 KGNT ST.	□ Town □ Village ☑ City □ VAJ SAU	// /8/20	Phone
1.	Lorence	Florice manin	City: WAUSAU 21p: 54401	Town Village SCity WAUSAU	11 / 18 / 20 1 (Month) (Day) (Year)	Email 7 1/2 Phone
,	MARVIN DAVIA (Name of Circu	llator)	of Circulator fy): I reside at	7 H) St. Wav Sa	Municipality)) (,
he paper with full	knowledge of its content on the date indi	cated opposite his or her name. I know that the	he signers are electors of the jurisdiction or district represented by the esidence given. I support this recall petition. I am aware that falsifying	officeholder named in this petition. I know the option of the certification is punishable under \$ 12.	nat each person signed 13(3)(a) Wis Stats	

(Day)

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
Bryant M. Colmes	By & Col	Street: 401 Lazy Sene Rd City: Wausau zip: (U)	Town Village Wans an	///B/20// (Month) (Day) (Year)	J
Diane Klinger	Deane Klenger	street: 1305 Roberts Rd. City: Mosinee WI zip: 54455	OXTOWN UVillage MOSINEE	// /8/20/(Month) (Day) (Year)	I
3. RONALD E MIAL	(Source	Street: 5532 HWY 153 City: HATLEY WI 21px54440	WTown □ Village □ City	(Month) (Day) (Year)]
Thomas & Malato	Trans Math	street: 5203. In Juman # 16 city: Warsaw W1 2ip: 54401	Town Village City Callsal	1//8/20// (Month) (Day) (Year)	ī
Marsha Stella	marsha Stella	Street: 409 Lisbeth Rd. City: Wallsau WI zip: 54401	Town Village Wausay	// /8/20// (Month) (Day) (Year)]
Eleen Mantiell	Edeart. Man Pick	Street: 48 7 Richard Court City: MOSINEE WI Zip: 544 S	City NOWHON	///8/20 (Month) (Day) (Year)]
Jeffry Newstel	ally min	Street: 1013 West 4th St City: Mosinel WI zip: 54455	□ Town □ Village □ City MOSIARE	#1/16/2011 (Month) (Day) (Year)	
8. Kelly Nenstel	alfNex	Street: 1013 W. 4th St City: Mosinel Wi Zip: 54455	Town Village Mesinee	(Month) (Day) (Year)	
9.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/_/20(Month) (Day) (Year)	
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	(Month) (Day) (Year)	
(Name of Circu	lutor	of Circulator ify): I reside at (Circulator's Residence – Street name and the signers are elector of the jurisdiction or district represented by the residences given. Jupport this resall petition: I am aware that falsify	d Number) (Circulator	Municipality)	

3

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

		ALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUI	VOTING	J DE EIGTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
awrence	Lawrence Newman	Street: 1101 Gosh Prive	Town Village City	11/18/2011
Newman	Meuman	City: Mosinee zip: WI	City Knowlton	(Month) (Day) (Year)
Bruce Codavourier		Street: 3605 No 20th Ave	Æ Town Utillage	11/18/20
Gata rowing	Brun Mal-	city: Way say zip: 54401	Ocity maine	(Month) (Day) (Year)
Jane Galarowscz	0 20	Street: 3405 N. 20 M Aue,	▼Town Village	11/8/2011
Galarousez	Jane Chlorous	City: Warsay zip: 54401	Ocity Maine	(Month) (Day) (Year)
		Street:	□ Town □ Village	/ /20
		City: Zip:	City	(Month) (Day) (Year)
		Street:	☐ Town - ☐ Village	/ /20
		City: Zip:	City	(Month) (Day) (Year)
		Street:	☐ Town ☐ Village	/ /20
		City: Zip:	☐ City	(Month) (Day) (Year)
		Street:	□ Town □ Village	/ /20
		City: Zip:	☐ City	(Month) (Day) (Year)
		Street:	☐ Town ☐ Village	/ /20
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a describe manus messare en en l'occasionement en aqui disconsiderate accessivations au en en en en en en en e	and the second s	Street:	□ Town	/ /20
		City: Zip:	- □ Village □ City	(Month) (Day) (Year)
		Street:	□Town	/ /20
		City: Zip:	☐ Village☐ City	(Month) (Day) (Year)
	Certification	n of Circulator	1 1	1
SCM VI (Name of Circu		ertify): I reside at 123 Walking	Un Whit	115

(Name of Circulator)

(Circulator's Residence – Street name and Number)

(Circulator Municipality)

(Circulator Municipality)

(Circulator's Residence – Street name and Number)

(Circulator Municipality)

(Circulator Municipality)

(Circulator Municipality)

(Circulator's Residence – Street name and Number)

(Circulator Municipality)

(Circulator Municipality)

(Experimental petition and personally obtained each of the signatures on this paper, I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signer with full knowledge of its coptent on the date indicated opposite his or her name I know they respective residences given. I support this recent petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Signature of Circulator)

(Signature of Circulator)

(Signature of Circulator)

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RÜRAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
Marie L. Martens	Marie Imarteus	Street: 8405 E. Jefferson St. City: Waysay, W. Zip: 54403	⊠ Town □ Village □ City	(Month) (Day) (Year)	Email //// Phone
teath Martens	Hath Mahres	Street: 8405 E Jessen St City: Warsau WI zip: 54403	▼Town □ Village □ City	1 / /8/2011 (Month) (Day) (Year)	Email // Phone
3.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/	Email Phone
4.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
5.	: :	Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
6.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
7.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/	Email Phone
8.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Email Phone
10.		Street:	☐ Town ☐ Village ☐ City	//20	Email
Sue M. MaCary (Name of Circulares of Circula	lator) ained each of the signatures on this paper. I know that	ify): I reside at 451 Super St. Mosine (Circulator's Residence – Street name an the signers are electors of the jurisdiction or district represented by the	d Number) (Circulator	Municipality) that each person signed	Circ
paper with full knowledge of its content on the date indice (Month) / (Day) / 20 / (Year)	cated opposite his or hen name. I know their respective	residences given. I support this recall petition. I am aware that falsify (Signature of Circulator)		(Official Use Only)	

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

office pursuant to Article XIII, Section 12 of	Manager and the second	ne Wisconsin Statutes. TY OF RESIDENCE: IS NOT SUFFICIENT: THE NAME OF THE MUN	CIDAL TO OF DESTABLE AND AVE	DELICTED	ar a di Terret
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1.	61 1.01	Street: 4108 SUNNYHILL LANE	Town	11/16/2011	Email
EDWARD M CODY	Edward M Cody	City: WAUSAU WI 2111: 54401	Uvillage STETTIN	(Month) (Day) (Year)	Phone
2.	10 4 5 00 1	Street: 4108 SUNNYHILL LANE	▼Town Utillage	11/16/20_11	Email
Lynnette J. Gardner	Rynnette J. Hardner	City: WAUSAU; WI Zip: 54401	City STETTIN	(Month) (Day) (Year)	Phone
3.	D'at lui	Street 602 Brown St.	☐ Town □ Village — — —	11/16/2011	Email
Lindak Fellbaum	(Tradist) Felles	City: Wansau, WI 21p.54403	Decity Wansau	(Month) (Day) (Year)	Phone
4.		street: N/369 Meadow Ln	& Town ☐ Village	11/16/2011	Email
Haron trederick	ter Indeed	City: Mersill WI zip: 54452	City Scott	(Month) (Day) (Year)	Phone
5.	1	Street: 904 Dahla Lane	▼ Town □ Village ¬	11/16/2010	Email
Julie Doucette	Julia A Dovetto	City: Warsau WI zip: 54401	City Rib Mountain	(Month) (Day) (Year)	Phone
6.		Street: 1404 HolliBUSH LN.	▼ Town Uillage	11/16/20/11	Email
MARK RICHMOND	mul Kick	city: WAUSAU zip: 5440/	City RIB MT.	(Month) (Day) (Year)	Phone
⁷ .		Street: 705 8th-St	☐ Town Village	11/10/2011	Email
Josh tehrenbach	Malah	civ. Marathon zip: 54448	City Morathon	(Month) (Day) (Year)	Phone Email
		Street: 1043 Lincoln Drive	Da Town Utillage Hamburg	11 /16/20	Phone
Sandy Seliger	Dand Soliger	ciy: Athens zip: 54411	City Marinour	(Month) (Day) (Year)	Email
,, , , , , , , , , , , , , , , , , , ,		Street: W 4749 Lincoln Dr	Town Uvillage 14	1/16/2011	Phone
Bavin Bentz	Kevm Bat	City: Merrill zip: 54452	City Merrill	(Month) (Day) (Year)	Email
De Oct C Division		Street: T 5355 LITTLE TRAPPE RD.	Town Uillage	11 /16/2011	Phone
REUBEN SCHAPER	Residen Johan	City: WAUSAN Zip: 54403	City TEXAS	(Month) (Day) (Year)	Thone
Walter Toll Pute	Certification o	of Circulator fy): I reside at 4104 Sunay Hill	Stetlin	1	Cim
(Name of Circulated this recall petition and personally obt	ained each of the signatures on this paper. I know that the	(Circulator's Residence - Street name and the signers are electors of the jurisdiction or district represented by the	officeholder named in this petition. I know th	nat each person signed	Circ
e paper with full knowledge of its content on the date indic	cated opposite his or her nange! I know the incompetitive r	residences given. I support this recall petition. I am aware that falsifyi			•
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

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office pursuant to Article XIII, Section 12 of	the Wisconsin Constitution and S.9.10 of the	he Wisconsin Statutes.			
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Walter To ROPE te	Walter Jose Punce	Street: 4104 Swing 411 lane	Town Village C.L.	11/15/2011	Email
	700000	City: Warsan zip: 54401	City Steff	(Month) (Day) (Year)	Phone
2.	0 5	Street: 514 Ross ave	☐ Town ☐ Village	1/1/5/20/1	Email
JAMES M. LEE	Jemes). Ose	City: (12) 7USAU Zip: 54403	City WAUSAU	(Month) (Day) (Year)	Phone
Lynn M. Guth	P h 0.00	Street: 2103 Lily In	Town	11/15/2011	Email
Lynn III Gain	dem 1 million	City: Wouson zip: 54401	City Rib MT	(Month) (Day) (Year)	Phone
4.		Street: 4104 Sunny Hill Lane	X/Town Utillage Stellin	11/15/2011	Email
Jodi A. Punke	Jodi a Pente	City: Wausau Zip: 54401	City Stettin	(Month) (Day) (Year)	Phone
5.	0 10 0 0	Street: 7100 Buckthorn Ct.	Zown Olo M	11/16/2011	Email
Beth D. Lind	Beth D. Fund	city: Wausau zip: 54401	Ocity Rib Mnt.	(Month) (Day) (Year)	Phone
6.	1000	Street: 1100 Buckthorn Ct	Octy R. 6 Mouslan	11/16/2011	Email
Richard D. Cind	Mulad Ste	City: Wallsay Zip: 54401	City AID PROGRAM	(Month) (Day) (Year)	Phone
7.	Duntot	Street: 5100 BlAZING STAR ST	Village Rib Mountain	11/18/2011	Email
JOHN T. ROSETH	Of who say -	city: WAUSAU zip: 54401	□ City □ City	(Month) (Day) (Year)	Phone
8.		Street:	☐ Town ☐ Village	/ /20	Email
		City: Zip:	☐ City	(Month) (Day) (Year)	Phone
9.		Street:	☐ Town ☐ Village	/ /20	Email
		City: Zip:	☐ City	(Month) (Day) (Year)	Phone
10.		Street:	☐ Town ☐ Village	/ /20	Email
		City: Zip:	☐ City	(Month) (Day) (Year)	Phone
Walter Told Punte	Certification ((211		
(Name of Circu	lator)	ify): I reside at 4(04 Sun my 1f'1/ (Circulator's Residence – Street name an	d Number) (Circulator	Municipality)	Circ
personally circulated this recall petition and personally ob he paper with full knowledge of its content on the date indi	tained each of the signatures on this paper. I know that the cated opposite his or her name. I know their respective	Wesigners are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsify	e officeholder named in this petition. I know ing this certification is punishable under S.12	that each person signed 2.13(3)(a), Wis. Stats.	
<u> 11 / 18 /20 (/</u>	Walter Jode f	(Signature of Circulator)	Page No. (Official Use Only)	
(Month) (Day) (Year)		(Signature of Circulator)	; # [\4	イ ひ !	

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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0	ffice pursuant to Article XIII, Section 12 of	the Wisconsin Constitution and S.9.10 of t	the Wisconsin Statutes.	•			
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,	1. Eugena Gustanson	Engue Custasar	Street: 3154 Green	21p: 54455	□Town AVillage Krokenn HW	11 /17 /2011 (Month) (Day) (Year)	Email Phone
	2. Darla Pesavento	Varla Recevento	Street: 40 9 Edgar A		O Town O City Rothschild	// // 20_// (Month) (Day) (Year)	Email Phone
	3. Molthia Heil	,	sing 410 ani ASINC	Rd#11	Town Cathschild	////20// (Month) (Day) (Year)	Email Phone
	4. MICHAGE T. JENSEN		Street: N3938 PILES City: BIRNAM WOOD		▼Town □ Village □ City	11 /17/2011 (Month) (Day) (Year)	Email Phone
	5. RICHARD F. PESAVIAL	RilmDesa	Street: 407 EDGAR City: ROTHSCHILD	AVE 21054474	Drown ROTHSCH 1LD City	// // 20_// (Month) (Day) (Year)	Email Phone
	6. Victoria L. Thompson	Victoria X.	Street: 300/ Quail Av		Village City Rib Meuntin	// //7/20_// (Month) (Day) (Year)	Email Phone
	7.		Street:	24. 3770	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
	8.		City: Street:	Zip:	□ Town □ Village	/ /20	Email
	9.		City:	Zip:	□ City	(Month) (Day) (Year)	Phone Email
	10.		City:	Zip:	□ Village □ City	(Month) (Day) (Year)	Phone (Email
			Street: . City:	Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone
I, _	Margaret Wer	Certification (hane, (cert	of Circulator ify): I reside at	ier Trail	Dr West		Circi
I pe	rsonally circulated this recall petition and personally obta	(4107)	(Circulator's Reside)	nce – Sireet name and	d Number) (Circulator M.	• • •	· T

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: DIANT S. WINKLER Sign: Phane f. Number	Street: WIJY85 McDONALD RD. City: BRUCE Zip: 548A	Town Utillage City BLE BEND (Municipality Name)	11 // \$\frac{1}{20} \frac{1}{\llowdown} \text{(Month) (Day) (Year)}	
2. Print: Leslie M. Schenk Sign: Cleshie Mpchenie	Street: 120 E 5th Street N City: Ladysmith zip: 54848	□ Town □ Village ■ City Ladysmifts (Municipality Name)	// //5/20 <u>//</u> (Month) (Day) (Year)	<u>.</u>
sign: Amber Paulson	Street: 707 & River. Ave	□ Town □ Village ☑ City ☑ SodySmi+k (Muncipality Name)	// /5/20_// (Month) (Day) (Year)	4
Print: KRIS Read	street. 308 E-12th St. 5. City: Ladysmith zip: 54848	Town Village City LadySM1 +h (Municipality Name)	// //5/20 <u>] </u> (Month) (Day) (Year)	
5. Print: I'm Wheeler Sign: Jon While	Street: W526/ Buffers City: Choldon W1 zip: 54766	OTown E Village □ City (Municipality Name)	(Month) (Day) (Year)	
(Printled Name of Circulator) I personally circulated this recall petition and personally of	(certify): I reside at Circulator's Residence – Street Name and Nu btained each of the signatures on this paper. I know that the signers are elected paper with full knowledge of its content on the date indicated opposite his or	ors of the jurisdiction or district represented by the	he officeholder	Circ Please I

recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Day) (Month)

Page No. (Official Use Only)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Nanaj X (a) A	WS261 Butler St.	##Town ☐ Village ☐ City	11/15/2011	
sign: 1/02/14 Kraft	Shelden 54766	Municipality Name)	(Month) (Day) (Year)	
2. Matt Styczinski	Street: N 1490 CTb1 164	Town Utillage City	11 /15/2011	
sign: Mith Stygnell	city: Contath zip: 54731	Marshall (Municipality Name)	(Month) (Day) (Year)	
3. Print: Teddy Stycziasti	Street: N1490 CTH 6	Town ☐ Village ☐ City	1//2/20 <u>1(</u>	
sign: Frankly Stynnss	city: Contath zip: 54731	Marsha (Municipality Name)	(Month) (Day) (Year)	
Print: Cardine Loyas	Street: N823T COROLF	M Town □ Village □ City	1/ /5/201/	-
Sign MM	cir. Bichus 2, WI zip. 54817	(Municipality Name)	(Month) (Day) (Year)	
5. Print: Anne M. Olsch	Street: W 7842 Shady lane	Town Village Village City Cardy Smith	1) /1 5 /20 <u>11</u>	
sign: Qnum.Olsan	Certification of Circulator	(Municipality Name)	(Month) (Day) (Year)	
I, Nancy Kraft (Printed Jame of Circulator)	Certification of Circulator (certify): I reside at U520 BUT EN (Circulator's Residence - Street Name and Nu	mber) TOWN OF,	cipality)	Circ Please
I personally circulated this recall petition and personally of	btained each of the signatures on this paper. I know that the signers are elected	rs of the jurisdiction or district represented by the	e officeholder	1

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Spas.

(Month) / 17 (Day) /20// (Year) (Signature/of Circulator)

Page No. (Official Use Only)
[143]

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT HAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. IN AME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE RURAl address must also include box or fire np. NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village) A DATE OF SIGNING IN AME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE RURAL RO
NAME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE Runal address must also include box or fire 10. I. Print. Jo e Willige City Street: NY365 COUNTY IN B Street: Stree
Sign: Sign: Street: St
Sign: What will be street: Ny365 County of B City Williage City County of B City
Street: NY365 COUNTY NO B Village City Cawrence (Month) (Day) (Year) Street: NY365 COUNTY NO B Village City Cawrence (Month) (Day) (Year) 3. Print: Le Roy Opsal Street: 700 E. R.; vev Ave. Street: 700 E. R.; vev Ave. City: LADYSMITH (Month) (Day) (Year) 4. Print: Glonia Mcgahey Street: N3884 WILLIAMST Rd Street: N3884 WILLIAMST Rd GWW (Municipality Name) Street: N3884 WILLIAMST Rd GWW (Municipality Name)
3. Print: Le Roy Opsal Street: 700 F. R.; ver Ave. Sign: Lefan Opsal City: LADY = m, th. Zip: 54848 City: LADY = m, th. Zip: 54848 Street: N3884 WILLIAMS: R.d. Sign: AMi Daly (Municipality Name) City: LADY = m, th. Zip: 54848 (Month) (Day) (Year)
Street: 700 E. R.; Ver Ave: Village Incity Village Vi
4. Print: Glonia Mcgahey Street: N3884 WILDERUGS & City: 54848 Street: N3884 WILDERUGS & City (Municipality Name) (Municipality Name)
Sign: And Mandaley Street: N3884 WILDERMS: Rd Village City City (Municipality Name) (Month) (Day) (Year)
City: Tong, W1 zip: 54563
5. Print: Robert G. Carker Street: W5729 State Road 70 Street: W5729 State Road 70 Winter (Municipality Name) (Month) (Day) (Year)
Certification of Circulator I, Noncy Kratt (Primed Name of Circulator) (Circulator's Residence – Street Name and Number) (Circulator Municipality) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Spets.

(Month) / 17 (Year) / (Signature of Circulator)

Page No. (Official Use Only)
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMB	ER OR RURAL ROUTE	NAME OF VOTING MUNICIPALITY OF RESIDEN (Also Indicate Town, City, or Villa		
. Hint: Donald John Pynnonen Her: Donald John Pynnonen	Street: W5373Coo	enty RdD	Town Village City Makshall (Municipality Name)	/15/20	
rint:	Street:	Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20 (Month) (Day) (Year)	
int:	Street:	Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20 (Month) (Day) (Year)	
;int:	Street:	Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	//20(Month) (Day) (Year)	
riat:	Street:		☐ Town ☐ Village ☐ City (Municipality Name)		

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	17	/20 1/	Mancy P. Kualt
(Month)	(Day)	(Year)	(Signature of Circulator)

Page No. (Official Use Only)
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Re

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

	THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT	TY OF RESIDENCE, IS NOT SUFFICIENT.		1
		THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED. NAME OF VOTING		
	NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
	Print: NANCY L. MARSHALL NORMAL Y Marshall	Street: W/1402 Huz 8	Town City (Municipality Name)	// // 7/ 20 <u>//</u> (Month) (Day) (Year)	
	2.	city: Hawkins WI zip. 54530	(Municipality Name)		
	Print: JOHN R. POHL WAN IT	Street: 302E_81=54.5	☐ Town ☐ Village ☐ City LADYS 1: 171 (Municipality Name)	1//7/20 <u>/(</u> (Month) (Day) (Year)	
orbonia a de Consede Cons	3. 1. 1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	City: LADYSM. TK, WI ZIDSY848			
	Print: Kim R Rogers Sign: Kun Rikogur	Street: 317 W, 42 St. W.	Town Village City (Municipality Name)	11 /1 # 20 11 (Mouth) (Day) (Year)	
	4. Connie M. Schalinske Sign: Connie M. Schulinske		Town Village City Cambeau (Municipality Name)	11 /17/20 11 (Month) (Day) (Year)	
	5. Robert White Sign: Robert Stutiet	Street: W8864 Bell Rd City: Lodysmith zip: 54848	Grant (Municipality Name)	// //7/20	3
ar njedajujena	I, ALAN MANSON, (Printed Name of Circulator)	Certification of Circulator certify): I reside at N95 00 MWN7 V (Circulator's Residence - Street Name and Nu	RI TOWN & M unber) (Circulator Munic		Circ Pleas
		orained each of the signatures on this paper. I know that the signers are electoraper with full knowledge of its content on the date indicated opposite his or s punishable-under S-12-13(3)(a), Wis. Stats.			
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(Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Seret		21 4 0 10	Surber 3145. 11 th A	ve.	□-Village	11/8/20/1
Serect	ARGARET IT. WER	3 Mayor + Well	City: WAUSAU	zip: 5-4401	Eity WAUSAU	(Month) (Day) (Year)
Serect	· · · · · · · · · · · · · · · · · · ·	A PL	Street: 1127518th Ave		Village	11/18/2011
Severt Town Juliage John Juliage John Juliage Juli	andra Bretsch	Savolia Duetra	City: Waysay	zip: 54401		(Month) (Day) (Year)
Street: Town			Street:			/ /20
Street:			City:	Zîp:	□ City	(Month) (Day) (Year)
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City: Zip: City (Month) (Day) (Year) Street: Town //20	omen and commence and the state of the commence of the commenc	AND THE PERSON OF THE PERSON O				1 /22
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Street: Uillage //20				Δlp:	□ Town	1 1
City: Zip:		,			-□-Village	· · · —
Christopher Ah San (certify): I reside at 19 Ling St. Yellow Springs of		Certification	-	Zip:		

(Month)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
Taylor Maas	Spro	Street: 307 Summit Dr apt 1 City: Wausau zip: 54401	Town Village Watt Satt	(Month) (Day) (Year)	Email Phone
Edward Tay Coldwell	E/g Coldwell	Street: TG/15 N Troy S City: Waysau zip: 54403	Town Village Texas	// //5/20 <u>//</u> (Month) (Day) (Year)	Email Phone
3. Ginny Barkley	Hing of Bully	Street: 301 120th Ave City: Marshon Zip: 54448	Y Town Otillage City	11 / 15 2011 (Month) (Day) (Year)	Email 9- C Phone
4.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Colleen Bilkowski	Collee Supocester	Street: 8703 SCENIC Drive City: Westen zip: 54476	Town WS 100 City	// //S/20 (Month) (Day) (Year)
		Street:	☐ Town ☐ Village	/ /20
		City: Zip:	☐ City	(Month) (Day) (Year)
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	The street of the street stree	City: Zip:	□ City	(Month) (Day) (Year)
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	75.55 P. C. 1579 (Ballat Friday Prince)	City: Zip:	□ City	(Month) (Day) (Year)
		Street:	☐ Town ☐ Village	/ /20
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Page No. (Official Use Only)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNIN
1. Richard Bukowski	Rich Bills	Street 8703 SCEHIC DR	Town Weston	11 /15/20/ (Month) (Day) (Year)
2. BARBARA STACHOVIAK	Barbara	Street: 923 S 4 AUE City: WAUS AU WI 241: 5440	Town Village (1) AUSA(A	M / 15/201 (Month) (Day) (Year)
3. KEUUN PAUL EISENMAN	Jos Jal Seremi	Street: 923 So 42 NUE City: WAUSAU WI Zip: 54901	□ Town □ Village □ Village □ WAUSAU	///5/201 (Month) (Day) (Year)
4. Ruth Heinzi	Luth Ha	Street: TG115 N Troy St City: Wauscu zip: 5440	Nown Ovillage City Texas	(Month) (Day) (Year)
5. Josh Barkley		street: 301 /204 AUC. City: Marathon Zip: 54448	Oktown Village Stetlin	11 /15/20/1 (Month) (Day) (Year)
6.		Street: City: Zip:	☐ Town — Village ☐ City	/ /20_ (Month) (Day) (Year)
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